Essentials of Psychiatric Nursing 3rd Edition Boyd Luebbert

Test Bank

Chapter 1 Mental Health and Mental Disorders

1.	A nursing instructor is describing the *DSM-IV-TR* to a group of nursing students. Which of the following would the instructor include as the primary purpose of this classification?
A)	Provide a commonly understood diagnostic category for clinical practice.
B)	Describe treatment modalities for psychiatric disorders and mental illnesses.
C)	Identify various etiologies for mental disorders based on family histories.
D)	Provide optimal outcomes for treatment for individuals with mental illnesses.

2.	A nurse is providing care to a patient with a mental disorder classified by the *DSM-IV-TR.* The nurse understands that although the first three axes appear to contain all the diagnostic information about a patient, a truly accurate picture of the client is incomplete without considering other factors such as an estimate of current functioning and:
A)	Life stressors
B)	Cultural background
C)	Marital status
D)	Genetic history

3.	A patients global assessment functioning reveals that he has minimal symptoms with good functioning in all areas. Which score would the nurse correlate with these findings?
A)	94
B)	82
C)	75
D)	63

4.	A female patient was admitted to the hospital with pneumonia, and in the course of her treatment, it was determined that she was experiencing alcohol dependence because she began experiencing alcohol withdrawal while she was in the hospital. When the psychiatrist who was called in as a consultant documented the patients mental disorder, he identified her alcohol dependence on which axis?
A)	Axis I
B)	Axis II
C)	Axis III
D)	Axis IV

5.	A 25-year-old woman who recently had abdominal surgery was admitted to the psychiatric unit, where it was determined that she had a borderline personality disorder. During the first week on the unit, it was determined that she also has diabetes. Her diabetes mellitus would be listed in which axis of her *DSM-IV-TR* diagnosis?
A)	Axis I
B)	Axis II

C)	Axis III
D)	Axis IV

6.	As part of a class activity, nursing students are engaged in a small group discussion about the epidemiology of mental illness. Which statement best explains the importance of epidemiology in understanding the impact of mental disorders?
A)	Epidemiology helps promote understanding of the patterns of occurrence associated with mental disorders.
B)	Epidemiology helps explain research findings about the neurophysiology that causes mental disorders.
C)	Epidemiology provides a thorough theoretical explanation of why specific mental disorders occur.
D)	Epidemiology predicts when a specific psychiatric client will recover from a specific mental disorder.

7.	A nurse is working in a community mental health center that provides care to a large population of Asian descent. When developing programs for this community, which of the following would be most important for the nurse to address?
A)	Public stigma
B)	Self-stigma
C)	Label avoidance
D)	Negative life events

8.	A group of students are reviewing the multiaxial diagnostic system of the *DSM-IV-TR*. The students demonstrate understanding of the axes when they identify that each axis represents which of the following?
A)	An evidence-based research finding
B)	An experimental design to guide care
C)	A domain of information
D)	A laboratory test finding

9.	A nursing student is assigned to care for a patient diagnosed with schizophrenia. When talking about this patient in a clinical postconference, the student would use which terminology when referring to the patient?
A)	Committed patient
B)	Schizophrenic
C)	Schizophrenic patient
D)	Person with schizophrenia

10.	Mrs. Green is a patient on a psychiatric unit. At the time of her admission, her dog was killed when a car accidentally ran over it; in addition to that, she just found out that her mother has been diagnosed with colon cancer. This information would be addressed in which *DSM-IV* axis?
A)	Axis I
B)	Axis II
C)	Axis III
D)	Axis IV

11.	A nursing student is reviewing journal articles about major depression. One of the articles describes the number of persons newly diagnosed with the disorder during the past year. The student interprets this as which of the following?
A)	Rate
B)	Prevalence
C)	Point prevalence
D)	Incidence

12.	While working in a community mental health treatment center, the nurse overhears one of the receptionists saying that one of the patients is really psycho. Later in the day, the nurse talks with the receptionist about the comment. This action by the nurse demonstrates an attempt to address which issue?
A)	Lack of knowledge
B)	Public stigma
C)	Label avoidance
D)	Self-stigma

13.	After teaching a group of students about mental health and mental illness, the instructor determines that the teaching was successful when the group identifies which of the following as reflecting mental disorders?
A)	Capacity to interact with others
B)	Ability to deal with ordinary stress
C)	Alteration in mood or thinking
D)	Lack of impaired functioning

14.	A nurse is preparing a presentation for a local community group about mental disorders and plans to include how mental disorders are different from medical disorders. Which statement would be most appropriate for the nurse to include?
A)	Mental disorders are defined by an underlying biological pathology.
B)	Numerous laboratory tests are used to aid in the diagnosis of mental disorders.
C)	Cluster of behaviors, thoughts, and feelings characterize mental disorders.
D)	Manifestations of mental disorders are within normal, expected parameters.

15.	Which of the following would a nurse identify as being categorized as Axis I in the *DSM-IV-TR*? Select all that apply.
A)	Paranoid personality disorder
B)	Posttraumatic stress disorder
C)	Anorexia nervosa
D)	Mental retardation
E)	Unemployment
F)	Coronary artery disease

16.	A psychiatricmental health nurse is providing care for a patient with a mental disorder. The patient is participating in the decision-making process. The nurse interprets this as which component of recovery?
A)	Self-direction
B)	Empowerment

C)	Person-centered
D)	Holistic

17.	A nurse is explaining recovery to the family of a patient diagnosed with a mental disorder. Which statement would be most appropriate for the nurse to include about this process?
A)	It is a step-by-step process from being ill to being well.
B)	The patient focuses mainly on the emotional aspects of his condition.
C)	The patient is helped to live a meaningful life to his fullest potential.
D)	Although peer support is important, the self-acceptance is essential.

18.	A psychiatricmental health nurse is preparing a presentation about recovery for a group of newly hired nurses for the mental health facility. Which of the following would the nurse identify as one of the most important concepts?
A)	Self-direction
B)	Peer support
C)	Respect
D)	Hope

19.	The nurse is reviewing the medical record of a patient and notes the information below. Which of the following would be found on Axis III? Select all that apply.
A)	Cocaine dependence
B)	Bipolar I disorder

C)	Chronic obstructive pulmonary disorder
D)	Cellulitis
E)	Homelessness
F)	Arrest for cocaine possession with intent to sell

20.	A college-aged student and his friend arrive at the student health center. The friend reports that the patient has been having difficulties concentrating, remembering, and thinking. Hes had quite a few research papers due this past week. After ruling out other problems, the nurse determines that the patient is experiencing a culture-bound syndrome. Which of the following would the nurse most likely suspect?
A)	Ataque de nervios
B)	Brain fog
C)	Mal de ojo
D)	Shenjing shuairo

Answer Key

1.	A
2.	A
3.	B
4.	A
5.	C
6.	A
7.	C
8.	C
9.	D

10.	D
11.	D
12.	B
13.	C
14.	C
15.	B, C
16.	B
17.	C
18.	D
19.	C, D
20.	B

Chapter 2 Cultural and Spiritual Issues Related to Mental

1.	When reviewing several studies about Hispanic Americans and their use of mental health care facilities, the nurse notes that this cultural group tends to use all other resources before seeking help from mental health professionals. Which of the following would the nurse identify as a reason for this belief about many mental health facilities?
A)	Require periods of hospitalization
B)	Do not provide 24-hour emergency services
C)	Are not reimbursed by third party payers
D)	Do not accommodate their cultural needs

2.	A nurse is preparing a presentation about mental health problems associated with specific cultural groups. When describing mental health problems associated with Asian Americans, Polynesians, and Pacific Islanders, the nurse would address high rates of which of the following?
A)	Schizophrenia
B)	Manic disorders
C)	Dementia
D)	Suicide

3.	The nurse is doing an assessment interview of a patient. During the interview, the patient comments, Our people are connected with nature. Our world, our seasons, and our weatherthey all have many lessons to teach us. The nurse interprets the patients statement as an expression of which of the following?
A)	Religiousness
B)	Tribal law

C)	Spirituality
D)	Ecological values

4.	A psychiatricmental health nurse is providing care to a patient who has recently emigrated to the United States from Eastern Europe. Which of the following would be least effective in providing culturally competent care?
A)	Demonstrating a genuine interest in the patient
B)	Avoiding assumptions about the patients culture
C)	Speaking to the patient in his native language.
D)	Acquiring information about the patients country.

5.	A psychiatricmental health nurse working in a Veterans Administration Medical Center is meeting with a military wife who is an Asian American. The woman is to be joining a support group for wives of veterans who have posttraumatic stress syndrome. When asking her to describe her husbands mental health problems, which response would the nurse most likely expect?
A)	Oh, he may seem depressed, but it is just a vitamin deficiency. It runs in his family.
B)	I know the war messed his mind up. Hell never be the same.
C)	Sometimes he hallucinates that he is back in Vietnam.
D)	He just stays to himself; he never talks to me about what is bothering him.

6.	A psychiatricmental health nurse is working with a patient who is being treated for depression. Which patient statement would indicate that her spirituality is intact?

A)	My church friends came to visit me this past Sunday afternoon.
B)	Nothing will ever be the same again; my life is not worth living.
C)	I know I am as well off as I can be under the circumstances.
D)	I know God must be punishing me for all my sins.

7.	A patient is being treated for prostate cancer; his prognosis is very poor. The patient has a strong faith, and he has been active in his church for many years. He is concerned about his health and the challenges he faces as his cancer progresses. Which comment by the nurse reflects the most appropriate spiritual nursing intervention for the patient?
A)	Ill take you to visit my church if you can get a pass.
B)	You have to belong to the same church I do if youre going to go to heaven.
C)	Would you like me to bring you a guided imagery audiotape?
D)	We can pray together if youd like.

8.	A psychiatricmental health nurse is teaching a class about social factors associated with mental illness at a community health center. When describing the influence of poverty and effects of the downward economic spiral on mental health, which population would the nurse identify as being the most at risk?
A)	Older adults
B)	Individuals with physical disabilities
C)	Single-parent families

D)	Homeless individuals

9.	During an assessment, the patient states, We rely on our large extensive family for moral support and help and we treat our elders with a great deal of respect. If someone gets sick, the family takes care of him. The nurse interprets this as indicating which of the following?
A)	Acculturation
B)	Cultural identity
C)	Cultural competence
D)	Linguistic competence

10.	Within the context of the culture of poverty, which of the following most clearly describes why individuals who are part of this culture become trapped in a downward economic spiral?
A)	Unemployment causes poverty; a lack of willpower and motivation can, in turn, cause unemployment in people who do not have a strong work ethic.
B)	Individuals lack the finances to pay rent, so they eventually do not have an address to use in filling out job applications.
C)	Characteristics of poverty (joblessness and lack of financial independence) can, in turn, contribute to attributes (feelings of powerlessness and low self-esteem) that sustain poverty.
D)	Poverty is passed on from generation to generation; individuals learn at an early age that there is no way to escape living in poverty.

11.	A group of nursing students are reviewing information about spirituality and religiousness. The group demonstrates understanding of these concepts when they identify religiousness as which of the following?
A)	Feeling of connectedness
B)	Way of interpreting life events
C)	Relationship with a unifying force
D)	Community participation in common worship

12.	A nursing instructor is preparing a class about rural cultures and the influence on mental health problems. Which of the following would the instructor include as impacting the use of mental health services for this group? Select all that apply.
A)	Limited access to care
B)	Lack of available resources
C)	Geographical similarities
D)	Diverse cultural groups
E)	Consistency in treatment approaches

13.	A psychiatricmental health nurse is working on developing cultural competence. Which of the following would be most appropriate for the nurse to do?
A)	Research information about the cultures of the population being served after assessing the patients.
B)	Recognize that ones own culture is the predominant way of addressing a patients health care needs.
C)	Assume that any individual of a racial or ethnic group is the same as another individual in that group.

D)	Demonstrate an appreciation of and a genuine interest in the individual and his or her cultural beliefs.

14.	During assessment, a patient tells the nurse that he follows Buddhist beliefs. The nurse would integrate understanding of which of the following when developing the patients plan of care?
A)	Desire is the cause of all human suffering and misery.
B)	Self-indulgence is necessary to reach nirvana.
C)	Present behavior is based on current unhappiness.
D)	Salvation is achieved through faith and humility.

15.	After teaching a group of students about the beliefs associated with the major religions, the instructor determines that additional teaching is needed when the students identify which belief as associated with Confucianism?
A)	People are born good.
B)	People are assigned to castes.
C)	Authority figures are respected.
D)	Self-responsibility leads to improvement.

16.	During an interview, a patient states, God does not exist for me. The nurse interprets this statement as reflecting which of the following?
A)	Animism
B)	Agnosticism
C)	Atheism
D)	Polytheism

17.	After reviewing the major beliefs of Hinduism, a nursing student identifies the following castes. The student demonstrates understanding by identifying which of the following as the highest caste?
A)	Kshatriyas
B)	Vaisyas
C)	Brahmans
D)	Untouchables

18.	The nurse is assessing an Asian American patient. During the interview, the nurse determines that the patient likely follows Taoism based on which statement?
A)	Purity and balance guide all of my actions.
B)	I strive to be in happy harmony with nature.
C)	Natures powers must be respected in life.
D)	God is worshipped out of love, not fear.

Answer Key

1.	D
2.	D
3.	C
4.	C
5.	A
6.	C
7.	D
8.	D
9.	B

10.	C
11.	D
12.	A, B, D
13.	D
14.	A
15.	B
16.	C
17.	C
18.	B

Chapter 3 Patient Rights and Legal Issues

1.	A nurse is explaining advance care directives, or living wills, to a patient and the patients spouse. Which of the following would the nurse include in the description?
A)	The document tells what treatment is to be omitted if the patient is unable to make the decision.
B)	It requires that the patient sign the living will document while an attorney is present.

C)	The patients physician must act as a witness when the patient signs the document.
D)	An attorney draws up the papers to be given to the patient and his or her family.

2.	A psychiatricmental health nurse determines that a patient is competent when he is able to do which of the following?
A)	Speak coherent English.
B)	Communicate his or her choices.
C)	Write a living will.
D)	Comply with the medical regimen.

3.	A patient receives a court order for commitment. Which of the following best exemplifies the concept of least restrictive environment?
A)	Involuntary commitment to an outpatient community mental health center
B)	Medication administration for sedation so the patient cannot get out of bed
C)	Placing the patient in a locked padded room in response to threats of self-harm
D)	Allowing the patient to make the decision about whether treatment is necessary

4.	A nurse is caring for a patient who is hospitalized for a mental disorder. The nurse is legally obligated to breach the patients confidentiality if the patient states which of the following?
A)	I think that the federal government is spying on me.

B)	I get really turned on by your appearance.
C)	That doctor I had today really made me angry.
D)	When I get out of here, Im going to kill my neighbor.

5.	Which patient would the nurse determine to be the most likely a candidate for involuntary commitment?
A)	The client who refuses to take the prescribed medication
B)	The client who is screaming in the street disturbing neighbors
C)	The client who refuses to participate in the planned therapy
D)	The client with a mental disorder who is homeless

6.	The nurse is providing care to a male patient who is hospitalized with a diagnosis of schizophrenia. Which of the following would be appropriate for the nurse to include in the patients medical record?
A)	Patient states that he had a good night with no complaints.
B)	Complained of being unable to sleep because he heard voices throughout the night.
C)	Had a typical night without incidence of insomnia or nightmares.
D)	Acted crazily throughout the night; kept hearing voices and noises.

7.	A nurse working on the psychiatric unit receives a telephone call from the employer of one of the patients on the unit. The employer asks to be sent a copy of Mr. Murrays latest laboratory work and psychological testing results so Mr. Murrays medical records in employee health can be kept up to date. Based on the nurses knowledge about issues surrounding breach of confidentiality, which response would be the most appropriate?
A)	Im sorry; were not allowed to give out that information about our patient.
B)	Ill have to get the patients signed consent before we can send that information to you.
C)	I am unable to acknowledge whether or not a Mr. Murray is a patient on this unit.
D)	Sure, give me your address, and I will see that the information is sent to you.

8.	A patient is going to be discharged this afternoon from the mental health unit. The patient asks the nurse if a copy of his medical record could be sent to the psychologist he will be seeing on an outpatient basis. Which response by the nurse would be most appropriate?
A)	Sure, well have that information sent out in todays mail.
B)	You will need to sign written authorization for us before we can do this.
C)	I think it would just be best if you just told your psychologist everything he needs to know.
D)	How are you feeling about being discharged this afternoon?

9.	A patients psychiatrist informs her that he thinks she needs to participate in a 3-month outpatient aftercare program after her discharge. Which of the following would protect the patients right to request a second opinion before agreeing to this suggestion?
A)	Self-determinism
B)	Least restrictive environment
C)	Confidentiality
D)	Mandates to inform

10.	A nurse is preparing to administer an as-needed (PRN) medication. Which of the following would the nurse need to keep in mind when documenting administration?
A)	It requires a separate entry that includes reason for administration, dosage, route, and response to the medication the first time it is administered to a patient.
B)	It requires a separate entry that includes reason for administration, dosage, route, and response to the medication every time it is administered to a patient.
C)	It requires a separate entry that includes reason for administration, dosage, and route the first time it is administered to a patient.
D)	It requires a separate entry that includes reason for administration, dosage, and route every time it is administered to a patient.

11.	A nursing instructor is preparing a class discussion on the topic of self-determinism. Which of the following would the instructor expect to include? Select all that apply.
A)	Personal autonomy as a key value
B)	Choices based on pleasing others

C)	Activities reflect personal goals
D)	Right to refuse treatment
E)	Lack of empowerment

12.	A group of nursing students are reviewing information about internal rights protection systems. The students demonstrate understanding of this information when they identify which of the following as an example?
A)	American Hospital Association
B)	American Public Health Association
C)	State mental health provider
D)	The Joint Commission

13.	After teaching a class about competency and how it is assessed, the nursing instructor determines the need for additional instruction when the class identifies which ability as being evaluated?
A)	Communication of choices
B)	Understanding of relevant information
C)	Appreciation for situation and consequences
D)	Discussion of what is right and wrong

14.	A patient is involuntarily committed without a court order. The nurse understands that the emergency short-term hospitalization can occur for which time frame?
A)	A maximum of 24 hours
B)	48 to 92 hours
C)	3 to 5 days
D)	One week

15.	A nurse is explaining the distinction between confidentiality and privacy. Which of the following would the nurse include as reflecting privacy?
A)	Part of personal life not governed by societys laws
B)	Ethical duty for nondisclosure
C)	Involvement of two individuals
D)	Knowledge of treatment costs and benefits

16.	A psychiatricmental health patient has an advance care directive on his medical record. A clinician provides treatment that disregards the patients directive. The clinician would be liable for which of the following?
A)	Assault
B)	Battery
C)	Medical battery
D)	False imprisonment

17.	A group of students are preparing a class presentation about negligence. Which of the following would the group include as an element required for proving negligence? Select all that apply.
A)	Duty to provide care
B)	Proximate cause
C)	Resultant damages
D)	Breach of duty
E)	Cause in fact
F)	Evidence of mistake

18.	A psychiatricmental health nurse is documenting information in a patients medical record. Which of the following would be least likely to increase the nurses legal liability?
A)	Patient reported that he was feeling better today than yesterday.
B)	Administered haloperidol 10 mg IM stat as ordered for agitation.
C)	Patient was talking with another staff member and started screaming.
D)	Applied restraints to all four patient extremities.

19.	After teaching a class of nursing students about the rights of persons receiving mental health services, the instructor determines a need for additional instruction when the students identify which of the following as a right?
A)	Freedom from restraints or seclusion
B)	Access to ones own mental health records on request
C)	An individualized written treatment plan
D)	Refuse treatment during an emergency situation

Answer Key

1.	A
2.	B
3.	A
4.	D
5.	B
6.	B

7.	C
8.	B
9.	A
10.	B
11.	A, C, D
12.	C
13.	D
14.	B
15.	A
16.	C
17.	A, B, C, D, E
18.	B
19.	D

1.	When applying the biopsychosocial model to client care, the nurse integrates the psychological domain when involved with which of the following?
A)	Behavior therapy
B)	Family support
C)	Nutritional therapy
D)	Sleep hygiene measures

2.	A nursing instructor is describing the impact of technology and electronic health records on psychiatricmental health care. Which of the following would the instructor identify as a major challenge associated with it?
A)	Maintaining confidentiality
B)	Establishing educational models
C)	Decreasing fragmented care
D)	Defining professional standards more clearly

3.	A psychiatric nursing class is discussing current trends in mental health care. A student voices the opinion that there should be equitable access to mental health care and resources for those who live in rural areas, for those without health insurance, and for those with very little income. The student nurses opinion most closely reflects which ethical principle?
A)	Nonmaleficence
B)	Paternalism
C)	Veracity
D)	Justice

4.	A nursing student is initiating a relationship with an assigned patient. After meeting and spending approximately 20 minutes talking with the patient, the student makes arrangements to visit again after lunch. After lunch, fellow classmates invite the student to go to the gym with them and a group of patients to play volleyball. The student starts to go with them but then remembers the promise to meet with the patient. The student decides to stay behind and talk to with her patient. The students decision reflects which ethical principle?
A)	Autonomy
B)	Beneficence
C)	Fidelity
D)	Veracity

5.	In a postclinical conference, a group of students are engaged in a discussion with their instructor. The instructor repeatedly has the students analyze and evaluate the nursing interventions implemented throughout the clinical experience. The students are engaged in which of the following?
A)	Therapeutic use of self
B)	Critical thinking
C)	Interdisciplinary care
D)	Planning care

6.	A group of students is reviewing the functions of psychiatric nurses. The students demonstrate understanding of the information when they identify which of the following as an advanced practice level function?

A)	Milieu therapy
B)	Promotion of self-care
C)	Psychopharmacology interventions
D)	Health promotion activities

7.	A nursing instructor has prepared a lecture about the scope and standards of practice of psychiatric nurses. The instructor determines that the teaching was effective when the students identify which of the following as common to both basic and advanced level practice?
A)	Case management
B)	Program development
C)	Clinical supervision
D)	Community interventions

8.	A nurse is working on developing ways to meet the challenge of knowledge development. Which of the following would be most appropriate?
A)	Access new information through continuing education programs.
B)	Improve access to community psychiatric care for all populations.
C)	Reduce the burden of mental illness by fighting stigma.
D)	Provide culturally competent, high-quality nursing care.

9.	A 22-year-old patient with schizophrenia is refusing his antipsychotic medication. He states, I dont like the dopey way it makes me feel. I feel like Im walking under water when I take it. The nurse explains to him, Your schizophrenia is caused by a chemical imbalance in your brain, and this medication helps fix that chemical imbalance. You need to take it so your symptoms will get better. This conversation reflects a conflict between which two types of ethical principles?
A)	Autonomy and justice
B)	Paternalism and veracity
C)	Justice and nonmaleficence
D)	Autonomy and beneficence

10.	A nurse is faced with an ethical dilemma involving a patient. Which question would be most important for the nurse to ask first when engaging in the process of ethical decision making?
A)	What are my own feelings about the situation?
B)	What assumptions am I making that need more data?
C)	What do I know about the situation?
D)	What do I know about the patients values?

11.	A psychiatricmental health nurse is adhering to the standards of practice. When engaging in clinical decision making, the nurse is integrating which of the following as the foundation?
A)	Developmental issues
B)	Nursing process
C)	Commitment

D)	Accountability

12.	A group of nursing students are reviewing the standards of professional performance. The students demonstrate understanding when they identify which as a standard of professional performance?
A)	Prescriptive authority
B)	Consultation
C)	Planning
D)	Collegiality

13.	A psychiatricmental health nurse is providing care to patients with a mental illness and is investigating factors related to the patient safety, delivery of care services, and cost effectiveness. The nurse is involved with which area of professional performance?
A)	Education
B)	Quality of practice
C)	Resource utilization
D)	Collaboration

14.	An instructor is preparing a class for a group of students about professional organizations and the leadership provided. Which of the following would the instructor include as an important function of the International Society of Psychiatric-Mental Health Nurses?
A)	Advocating for mental health nursing practice through liaison activities
B)	Advancing psychiatricmental health nursing practice

C)	Improving mental health care for culturally diverse individuals
D)	Providing a strong voice for psychiatricmental health nurses

15.	When applying the biopsychosocial model for a patient with a mental health problem, the nurse addresses the psychological domain when assessing which of the following?
A)	Sleep patterns
B)	Feelings
C)	Family functioning
D)	Cultural groups

16.	A nurse had developed a plan of care for a patient with depression. Which nursing diagnosis would reflect the social domain?
A)	Imbalanced Nutrition, Less Than Body Requirements related to lack of appetite.
B)	Powerlessness related to feelings of lack of control over the situation.
C)	Ineffective Role Performance related to inability to participate as family provider
D)	Risk for Suicide related to depressed mood and feelings of oneself as a failure

17.	The plan of care for a patient with schizophrenia identifies the following outcomes. Which of the following would the nurse identify as addressing the biologic domain? Select all that apply.

A)	Improving problem-solving skills
B)	Promoting economic stability
C)	Minimizing adverse effects of drug therapy
D)	Improving nutritional status
E)	Providing family education

18.	A nurse is engaged in exercises to develop self-awareness. The nurse is using which tool?
A)	Interdisciplinary care
B)	Reflection
C)	Plan of care
D)	Clinical reasoning

Answer Key

1.	A
2.	A
3.	D
4.	C
5.	B
6.	C
7.	A
8.	A
9.	D
10.	C

11.	B
12.	D
13.	C
14.	D
15.	B
16.	C
17.	C, D
18.	B

Chapter 6 Biologic Foundations of Psychiatric

1.	A nurse is teaching a medication class to a group of psychiatric patients. One of them asks the nurse why he has so much more trouble learning now when hes in his 60s than he did when he was younger. Which of the following concepts would the nurse integrate into the response?
A)	The extrapyramidal motor system
B)	The amygdala
C)	Neuroplasticity

D)	Psychoneuroimmunology

2.	Which of the following would a nursing instructor identify when describing the area of the brain involved with verbal language function, including areas for both receptive and expressive speech?
A)	Right hemisphere
B)	Parietal lobe
C)	Occipital lobe
D)	Left hemisphere

3.	A nurse is developing a plan of care for a patient experiencing expressive aphasia. The nurse incorporates knowledge that the patient most likely has sustained damage to which of the following?
A)	The postcentral gyrus
B)	Brocas area
C)	Basal ganglia
D)	The hippocampus

4.	The nurse is caring for an older adult who has experienced damage to the frontal lobe after an automobile accident. The nurse anticipates that the patient will have difficulty with which of the following?
A)	Smell
B)	Concept formation
C)	Receptive speech
D)	Hearing

5.	The nurse is caring for a patient who has experienced damage to the parietal lobes of the brain. The nurse anticipates that the patient with have difficulty with which of the following?
A)	Perceiving sensory input
B)	Calculating a math problem
C)	Seeing objects in front of him
D)	Speaking fluently

6.	A patient has been diagnosed with memory dysfunction associated with Alzheimers disease. The nurse determines that damage to the patients brain includes deterioration of temporal lobe structures and the nerves of which of the following?
A)	Basal ganglia
B)	Limbic system
C)	Frontal lobe
D)	Hippocampus

7.	The nurse is caring for a hospitalized patient who has a disorder of the hypothalamus. When developing the patients plan of care, in which of the following areas would the nurse anticipate a problem?
A)	Sleep
B)	Constipation
C)	Speech
D)	Motor activity

8.	A patient who is scheduled to undergo a sleep deprivation electroencephalogram (EEG) in the morning is experiencing moderate anxiety about the procedure. Based on an understanding of this test, which of the following would the nurse avoid?
A)	Explaining in depth what to expect during the upcoming procedure
B)	Administering a benzodiazepine medication prescribed for anxiety
C)	Taking a thorough history of her use of prescribed and illicit drugs
D)	Giving her a noncaffeinated beverage of her choice

9.	A nursing instructor asks a student to explain the influence of chronobiology on depression. Which of the following would the student include when responding?
A)	The exact location of genes leads to identifying the gene responsible for causing depression.
B)	A break in the corpus coliseum blocks information exchange between the right and left hemispheres.
C)	Damage to the posterior areas of the parietal lobe leads to altered discriminative sensory function.
D)	Internal and external triggers can elicit biologic rhythm changes indicative of clinical depression.

10.	When describing the various neurotransmitters, which of the following would the nurse identify as the primary cholinergic neurotransmitter?
A)	Dopamine
B)	Acetylcholine

C)	Norepinephrine
D)	Serotonin

11.	A group of nursing students are reviewing the various neurotransmitters. The students demonstrate understanding when they identify which of the following as a neuropeptide?
A)	Melatonin
B)	Serotonin
C)	Glutamate
D)	Gamma-aminobutyric acid

12.	The nurse is assessing a patient experiencing anxiety and observes increased sweating and gooseflesh. The nurse understands that these are the result of which substance?
A)	Acetylcholine
B)	Norepinephrine
C)	Serotonin
D)	Histamine

13.	A nurse is developing a plan of care for a patient diagnosed with schizophrenia. The nurse integrates knowledge of this disorder, identifying which neurotransmitter as being primarily involved?
A)	Acetylcholine
B)	Dopamine
C)	Norepinephrine
D)	Serotonin

14.	A group of students are reviewing information about neurotransmitter subtypes. The group demonstrates understanding of the information when they identify which neurotransmitter as having muscarinic and nicotinic receptors?
A)	Serotonin
B)	Gamma-aminobutyric acid (GABA)
C)	Dopamine
D)	Acetylcholine

15.	A nurse is involved in gathering information about the inheritance of mental disorders using population genetics. Which of the following would the nurse be least likely to be evaluating?
A)	Concordance rates
B)	Occurrence in first-degree relatives
C)	Risk factor analysis
D)	Adoptions studies

16.	A nurse is reading a journal article about psychoneuroimmunology. Which information would the nurse most likely find? Select all that apply.
A)	Neurotoxins role in receptor site damage
B)	Hypothalamicpituitarythyroid axis disruption
C)	Static activity of natural killer cells in response to stress
D)	Hypothalamic damage leading to immune dysfunction
E)	Interruption in the typical circadian rhythm cycle

17.	A patient is scheduled for a challenge test. Which of the following would the nurse include when explaining this test to the patient?
A)	Intravenous administration of a substance to induce symptoms
B)	Application of electrodes to the scalp for monitoring
C)	Evaluation electrical impulses recorded on graph paper
D)	Exposure to a flashing strobe light to elicit abnormal activity

18.	A patient with depression tells the nurse that he is to have a test that involves the recording of an electroencephalogram (EEG) throughout the night. The nurse most likely identifies this testing as which of the following?
A)	Sleep deprivation EEG
B)	Polysomnography
C)	Evoked potentials
D)	Functional magnetic resonance imaging

19.	A group of nursing students are reviewing the role of serotonin in psychiatric disorders. The students demonstrate a need for additional study when they identify which disorder as being associated with its dysfunction?
A)	Depression
B)	Obsessive-compulsive disorder
C)	Panic disorder
D)	Schizophrenia

20.	When describing neuronal transmission, an instructor describes the area where the electrical intracellular signal becomes a chemical one. The instructor is describing which of the following?
A)	Soma
B)	Synaptic cleft
C)	Terminal
D)	Receptor site

Answer Key

1.	C
2.	D
3.	B
4.	B
5.	B
6.	D
7.	A
8.	B
9.	D
10.	B
11.	A
12.	B
13.	B

14.	D
15.	C
16.	A, B, D
17.	A
18.	B
19.	D
20.	B

Chapter 7 Recovery Framework for Mental Health

1.	A group of nursing students are reviewing information about the evolution of mental health care and are discussing the recommendations of the final report of the Joint Commission on Mental Illness and Health. The students demonstrate understanding of this information when they identify that the report recommended an increase in which of the following?
A)	Numbers of mental health hospitals
B)	State funding for mental health care
C)	Clinics supplemented by general hospital units
D)	Use of psychotherapy by psychiatrists

2.	A nurse is reviewing the American Nurses Associations *Statement on Psychiatric Nursing Practice* published in 1967, which sanctioned the involvement of psychiatricmental health nurses in the provision of holistic nursing care. Integrating knowledge of the various theories and views of mental health and illness, the nurse identifies which of the following as most strongly linked to this holistic approach?
A)	Sigmund Freuds psychoanalytic theory
B)	Florence Nightingales *Notes on Nursing*
C)	Hildegarde
D)	Clifford Beers *A Mind That Found Itself*
E)	Peplaus *Interpersonal Relations in Nursing*

3.	A nursing instructor is preparing a presentation about key events and people that influenced the development of contemporary mental health and illness care. When describing the effects of World War II, which of the following would the instructor include?
A)	People began to view mental illness as more commonplace and acceptable.
B)	The biologic understanding of mental illness was almost fully developed.
C)	Deinstitutionalization occurred in response to the community health movement.
D)	Mental illnesses became categorized as psychoses or neuroses.

4.	A nursing student is presenting a discussion of the history of psychiatricmental health nursing and its place within nursing history. Which of the following would be most appropriate to include?
A)	Certification for the psychiatricmental health nursing specialty was first emphasized by Mary Adelaide Nutting.
B)	Psychiatric nurses played a part in seeing that all deinstitutionalized patients got treatment at community mental health centers.
C)	There is a historical link between the first nursing program to admit male students and the first training school for psychiatric nursing.
D)	The first graduate program in psychiatric nurses was established in response to the publication of psychiatric nursing specialty journals.

5.	Two nursing students are discussing psychiatricmental health nursing and the role it has played in nursings overall history. Which statement is most accurate?
A)	The importance of using therapeutic communication was stressed by Nightingale.
B)	The use of self-care to enhance the immune system was taught by Dorothea Dix.
C)	The moral treatment of mental illness was a primary focus of deinstitutionalization.
D)	Peplau was the first nurse to stress the importance of therapeutic communication.

6.	When reviewing the evolution of mental health and illness care, which event is associated with mental disorders beginning to be viewed as illnesses requiring treatment?
A)	Establishment of Pennsylvania Hospital in Philadelphia
B)	Quaker establishment of asylums
C)	Creation of the state hospital system
D)	Freuds views on the causes of mental illnesses

7.	A psychiatricmental health nurse is working on a committee that is developing programs that integrate the objectives for mental health and mental disorders as identified in *Healthy People 2020.* Which type of program would be least appropriate?
A)	Single substance abuse treatment programs
B)	Depression screening programs for primary care providers
C)	Mental health programs for the homeless population
D)	Employment programs for those with serious mental illness

8.	A nursing instructor is describing the concept of evidence-based practice in psychiatricmental health nursing. Which of the following would the instructor include as being important? Select all that apply.
A)	Research findings
B)	Expert opinion
C)	Clinical experiences
D)	Patient data

E)	Established routines

9.	The following events are important in the development of psychiatricmental health nursing practice. Which event occurred first?
A)	Publication of *Standards of Psychiatric-Mental Health Nursing* by the ANA
B)	Publication of *Standards of Child and Adolescent Psychiatric and Mental Health Nursing Practice*
C)	Establishment of the first graduate program in psychiatric nursing at Rutgers University
D)	Publication of the first psychiatric nursing text, *Nursing Mental Disease*, by Harriet Bailey

10.	A nurse is preparing a presentation about the current status of mental health services in the United States. Which statement would the nurse include as the most reflective of this status?
A)	Mental health care in the United States is equally accessible to individuals.
B)	Mental illness ranks second in terms of causing disability in comparison.
C)	Mental health care primarily focuses on the cure of mental illness.
D)	Mental health care services are inadequate and fragmented.

11.	A group of students are reviewing the goals identified by the *New Freedom Commission on Mental Health.* The students demonstrate understanding of this report when they identify which of the following as a goal?

A)	Mental health is viewed as one component of overall health.
B)	The consumer and family are the driving forces for mental health care.
C)	Screening is of greater importance than assessment and referral for services.
D)	Disparities in mental health services are decreased.

12.	The following are important legislative and policy efforts influencing current mental health care. Which of the following is the most recent?
A)	*Mental Health: A Report of the Surgeon General*
B)	*New Freedom Commission on Mental Health*
C)	*Action for Mental Health*
D)	*Mental Retardation Facilities and Community Mental Health Centers Construction Act*

13.	As part of a career day presentation to a group of nursing students, a psychiatricmental health nurse plans to describe how this specialty developed. Which individual would the nurse describe as playing a major role in the development of specialty training programs for psychiatric nurses?
A)	Mary Adelaide Nutting
B)	Hildegarde Peplau
C)	Harriet Bailey
D)	Linda Richards

14.	A psychiatricmental health nurse is asked to be a guest speaker at a community fund-raising event for mental health services. Which of the following would the nurse emphasize as the primary goal of mental health services?
A)	Access to affordable mental health care
B)	Removal of exclusions because of preexisting conditions
C)	Recovery from mental illness
D)	Effective treatment for mental health care needs

15.	A psychiatricmental health nurse is implementing evidence-based practice. The nurse understands that this approach is developed by doing which of the following first?
A)	Conducting research
B)	Identifying a clinical question
C)	Determining outcomes
D)	Collaborating with the patient

16.	A group of students are reviewing information about mental health care after World War II. The students demonstrate understanding of this information when they identify which of the following as a result of the National Mental Health Act?
A)	Discovery of psychopharmacology
B)	Passage of the Hill-Burton Act
C)	Establishment of the National Institute of Mental Health
D)	Development of community mental health centers

17.	When providing care to a patient, the psychiatricmental health nurse is implementing the therapeutic use of self. The nurse is applying the concepts based on the work of which individual?
A)	Hildegarde Peplau
B)	Florence Nightingale
C)	Dorothea Dix
D)	Sigmund Freud

18.	After teaching a class to a group of nursing students about the historical perspectives of mental health care, the instructor determines that the group has understood the information when they identify which of the following as a common belief about mental illness during the medieval period?
A)	Mental illness in an individual was the result of being possessed by demons.
B)	A person was removed from a contaminated environment to protect him or her.
C)	Exorcisms were used as primary mode of treatment to cleanse the person of his or her sins.
D)	The focus was on moral treatment to promote the individuals safety and comfort.

Answer Key

1.	C
2.	B
3.	A
4.	C

5.	A
6.	A
7.	A
8.	A, B, C, D
9.	D
10.	D
11.	B
12.	A
13.	B
14.	C
15.	B
16.	C
17.	A
18.	B

Chapter 8 Therapeutic Communication

1.	A nurse has engaged in self-awareness and has come to understand his own personal beliefs and attitudes and has recognized some prejudicial ideas. Based on this understanding, which of the following would the nurse now be able to accomplish?
A)	Have a therapeutic relationship with a patient.
B)	Influence patients with certain biases.
C)	Change learned behaviors.
D)	Formulate values and morals.

2.	When engaged in therapeutic communication in a therapeutic relationship with a patient with a mental health problem, which of the following would be most important for the nurse to keep in mind?
A)	The nurse should self-disclose when indicated.
B)	The patient is the primary focus of the interaction.
C)	The nurse should have an empathetic relationship with the patient.
D)	The patients conversations should be recorded.

3.	A hospitalized patient diagnosed with depression asks the nurse, Should I go home this weekend? Which response by the nurse uses the technique of reflection?
A)	Should you go home for the weekend?
B)	Home means what to you?
C)	It sounds as if you dont want to go home this weekend.
D)	I doubt that you really should go home this weekend.

4.	A patient who is hospitalized with depression tells the nurse, I dont want to take the medication because Im afraid Ill become suicidal. Which response by the nurse would be most appropriate?
A)	Have you ever thought about hurting yourself?
B)	Its important that you take this medication.
C)	I agree with you. I wouldnt want to take this medication either.
D)	Another patient took that medication, and he really felt better.

5.	A female psychiatric patient is talking to the nurse about her reasons for being hospitalized. She begins to discuss her relationship with her female significant other. The patient is describing the things in her relationship that are making her uncomfortable, and she asks the nurse, Should I break up with my partner? Which response by the nurse would be most effective in building rapport between the patient and nurse?
A)	Of course you should; being a lesbian is just not natural.
B)	Yes, I think you should pursue building a relationship with a man.
C)	It sounds like youre beginning to be uncomfortable in this relationship.
D)	You need to focus on yourself rather than the relationship right now.

6.	A patient is talking to the nurse about the recent death of her grandmother. She is obviously very sad, and a tear rolls down her cheek as she talks. The nurse remembers how she felt when her own grandmother died the previous summer. The nurse puts her hand on the patients shoulder and says, This must be very difficult for you. The nurse is demonstrating empathy based on which of the following?
A)	The response comment reflects an attempt to communicate understanding of patients feelings.
B)	The nurses response and use of reassuring touch reinforce the nurses concern for the patient.
C)	The nurse demonstrates understanding of how the patient feels because of her own grandmothers death.
D)	The nurses statement expresses compassion and kindness toward the patient.

7.	A nurse engaged in an interaction with a patient recognizes body space zones. Which of the following would the nurse identify as the individuals personal zone?
A)	Beginning at the boundary of the intimate zone and ending at the social zone
B)	Extending outward from the border to the public zone
C)	Surrounding and protecting an individual from others, especially outsiders
D)	The most distant boundary that can be used for recognizing intruders

8.	The nurse is in the orientation phase of the nursepatient relationship with a patient diagnosed with a mental disorder. When interviewing the patient during this first encounter, which information would be most important for the nurse to obtain about the patient?
A)	Known allergies
B)	Recent hospitalizations
C)	Perception of the problem
D)	Family history

9.	A patient is a successful insurance salesman; however, because of market changes, his level of sales has dropped. His boss tells him he will consequently be receiving a $2,000 per year cut in his salary. When the patient arrives home from work, the family dog runs to greet him as he always does, barking and jumping up and down and begging for attention. The patient yells at the dog, Get away from me; I cant take your barking right now. The patients response reflects a defense mechanism because it was which of the following?
A)	An intentional behavior performed to let the dog know his behavior was inappropriate
B)	Automatic, protecting the patient from the anxiety related to his upcoming pay cut
C)	Implemented to keep the patient from having to cope with his upcoming pay cut
D)	Implemented so the patient could rationalize his upcoming pay cut

10.	Termination takes place during the resolution phase of a nursepatient relationship. During the termination process, a patient brings up resolved problems and presents them as new issues to work toward. The nurse interprets the patients action as indicating which of the following?
A)	The patient is angry that the nurse is abandoning him.
B)	The patient requires additional therapy.
C)	The patient is unhappy that the therapy was ineffective
D)	The patient is attempting to prolong the nursepatient relationship.

11.	When engaged in a nontherapeutic relationship, which of the following would the nurse identify as occurring first?
A)	Failure to recognize the patient as a person with a need
B)	Patient avoiding the nurse
C)	The nurse being perceived as rude
D)	Patient feeling hopeless and frustrated

12.	While providing care to a patient with a mental disorder, the patient asks the nurse, Does mental illness run in your family? Which response by the nurse would be most inappropriate?
A)	Mental illnesses do run in families, and Ive had a lot of experience caring for people with mental illness.
B)	It sounds like you are concerned that there may be a family connection to your current problem?
C)	Yes, it does. I have a sister who was diagnosed several years ago with severe major depression.
D)	Mental illness can be family related. Lets focus the discussion on you and how youre doing today.

13.	A nursing instructor is describing the nursepatient relationship to a group of nursing students. Which of the following would the instructor emphasize as crucial for establishing and maintaining the relationship?
A)	Rapport
B)	Empathy
C)	Self-awareness
D)	Values

14.	A group of students are reviewing the process of verbal communication. The students demonstrate understanding of the information when they identify which of the following as the first component of the process?
A)	Formulation of an idea
B)	Message encoding
C)	Transmission of message
D)	Message reception

15.	A nurse responds to a patients statement with silence based on the rationale that this technique is used primarily to do which of the following?
A)	Allow the nurse to determine an appropriate response
B)	Permit the patient to gather his or her thoughts
C)	Encourage self-reflection by the nurse
D)	Demonstrate passive listening

16.	A group of nursing students are preparing a class presentation on therapeutic and nontherapeutic techniques of communication. The students demonstrate understanding of the information when they select which techniques to demonstrate as therapeutic? Select all that apply.
A)	Confrontation
B)	Open-ended statements
C)	Reflection
D)	Reassurance
E)	Agreement
F)	Challenges

17.	When communicating with a patient, which of the following would the nurse use to convey positive body language?
A)	Sitting erect with back against the chair
B)	Crossing the arms over the chest
C)	Sitting at the patients eye level
D)	Keeping the feet flat on the floor with the legs crossed

18.	During an interview, a patient tells the nurse that he was recently let go from his job. As the interaction continues, the patient states, I was really overqualified for that position anyway. It was definitely below my area of expertise. The nurse interprets this information as reflecting which of the following?
A)	Denial
B)	Intellectualization

C)	Projection
D)	Passive aggression

19.	The nurse is engaged in a therapeutic nursepatient relationship. The relationship is in the working phase. With which of the following would the patient be involved? Select all that apply.
A)	Beginning to identify a need
B)	Testing new ways for problem solving
C)	Testing the relationship
D)	Discussing problems related to needs
E)	Examining personal issues

20.	A nurse is engaged in active listening. Which of the following would the nurse use? Select all that apply.
A)	Changing the subject to gather more information
B)	Responding indirectly to statements
C)	Using open-ended statements
D)	Concentrating on what patient says
E)	Allowing the patient to talk as he wishes

Answer Key

1.	C
2.	B
3.	A
4.	A
5.	C

6.	A
7.	A
8.	C
9.	B
10.	D
11.	A
12.	C
13.	C
14.	A
15.	B
16.	A, B, C
17.	C
18.	B
19.	B, D, E
20.	B, C, D

Chapter 9 The Nurse–Patient Relationship

1.	A group of nursing students are reviewing information about Freuds personality structure. The students demonstrate understanding of this information when they identify the ability to form mutually satisfying relationships as a function of which of the following?
A)	Defense mechanisms
B)	Unconscious
C)	Id
D)	Ego

2.	When describing the influence of Harry Stack Sullivan on psychiatricmental health nursing, which of the following would the instructor address as a major concept?
A)	Interpersonal relations
B)	Harmony between the individual and society
C)	Collective unconscious
D)	Unconditional positive regard

3.	A nursing student is to provide a class presentation about interpersonal and psychoanalytic theories. As part of this presentation, the student is planning to address the major way these two categories differ. Which of the following would the student include as key to interpersonal theories?
A)	Human relationships
B)	Instincts

C)	Drives
D)	Potential for goodness

4.	A psychiatricmental health nurse is integrating Carl Rogers theory into the plan of care for a patient with a mental illness. The nurse incorporates understanding of this theory by acknowledging that the therapist accomplishes which of the following?
A)	Provide validation of the terminology used during the session.
B)	Focus on the clients instinctual drives.
C)	Recognize an understanding of the clients basic needs.
D)	Develop unconditional positive regard for the client.

5.	A nurse is demonstrating behaviors that the treatment team is attempting to get the patient to develop. The nurse is integrating which theory?
A)	Eriksons model of psychosocial development
B)	Albert Banduras social cognitive theory
C)	Skinners operant conditioning
D)	Freuds psychoanalytic model

6.	An instructor is preparing a class discussion on the various theoretical models used in psychiatricmental health nursing. When describing cognitive theories, which statement would the instructor include?
A)	The theories attempt to explain the mental processes development and effects on behavior.
B)	The theories attempt to describe how people learn and act.

C)	The theories attempt to link internal thought processes with behavior.
D)	The theories attempt to explain normal human growth and development.

7.	When integrating the Neuman systems model while caring for a patient with a mood disorder, the nurse would focus on which of the following about the patient?
A)	Behaviors
B)	Relationships
C)	Self-care activities
D)	Stressors

8.	The nurse is integrating Peplaus model when providing care to a patient with a mental illness. Which of the following would the nurse identify as a key component?
A)	Suffering
B)	Anxiety
C)	Self-care
D)	Nonverbal behaviors

9.	A group of nursing students are reviewing information about the various nursing theorists and their application to psychiatricmental health nursing. The students demonstrate understanding when they identify which theorist as responsible for developing the theory of cultural care diversity and universality?
A)	Madeleine Leininger
B)	Sister Calista Roy
C)	Hildegard Peplau

D)	Dorothea Orem

10.	A patient is being discharged from the psychiatric unit this afternoon, and the nurse needs to teach the patient about discharge medications. The patient is exhibiting signs of moderate anxiety about the upcoming discharge. Based on Peplaus views regarding anxiety, the nurse would expect to implement the teaching plan at which time?
A)	When his anxiety stabilizes at its current level
B)	When his anxiety decreases to a mild level
C)	When he is completely free of anxiety
D)	When his anxiety escalates to the panic level

11.	A nursing instructor is integrating Piagets theory of cognitive development into the discussion of learning and mental health issues affecting adolescents. The instructor would identify this age group as in which stage?
A)	Concrete operations
B)	Preoperational
C)	Formal operations
D)	Sensorimotor

12.	While working with an older male patient, the nurse begins to think that the patient reminds the nurse of her grandfather and responds as if she was the granddaughter. The nurse is developing which of the following?
A)	Empathy
B)	Transference
C)	Countertransference

D)	Modeling

13.	A psychiatricmental health nurse is working on an inpatient unit that uses a privilege system. The nurse understands that this intervention integrates which group of theories?
A)	Behavioral
B)	Developmental
C)	Humanistic
D)	Cognitive

14.	A group of nursing students are reviewing the various theories that form the basis for psychiatricmental health nursing. The students demonstrate understanding of these theories when they identify which theorist as addressing female development? Select all that apply.
A)	Maslow
B)	Gilligan
C)	Bandura
D)	Miller
E)	Thorndike

15.	When describing the major concepts of Jean Watsons theory to a group of nursing students, which of the following would the nurse expect to include? Select all that apply.
A)	Freedom
B)	Paradox
C)	Carative factors

D)	Rhythmicity
E)	Caritas field
F)	Mystery

16.	A nurse is applying Kings model to a nursepatient interaction by identifying the outcome as which of the following?
A)	Transaction
B)	Adaptation
C)	Transpersonal caring
D)	Self-system

17.	The nurse is assessing a young adult and determines that the individual has achieved successful resolution of the previous stage of growth and development, evidenced by demonstrating which of the following?
A)	Drive and hope
B)	Direction and purpose
C)	Devotion and fidelity
D)	Production and care

18.	A group of nursing students are reviewing information about psychodynamic theories. The students demonstrate a need for additional study when they identify which of the following as a humanistic theorist?
A)	Carl Jung
B)	Carl Rogers
C)	Abraham Maslow

D)	Frederick Perls

19.	The nurse is assessing a patient with anxiety and observes the patient yelling and screaming. The nurse, integrating Peplaus theory, interprets this behavior as which of the following?
A)	Panic behaviors
B)	Relief behaviors
C)	Empathetic linkage
D)	Social distance

20.	The nurse is watching a video that depicts a patient and therapist interacting. The patient is asked to say whatever comes to his mind. The nurse identifies this as which of the following?
A)	Dream work
B)	Free associations
C)	Gestalt therapy
D)	Classical conditioning

21.	A nurse is developing a plan of care integrating Maslows hierarchy of needs. Which of the following would the nurse identify as the priority?
A)	Activity level
B)	Predictable social environment
C)	Acceptance from family
D)	Positive self-image

Answer Key

1.	D
2.	A
3.	A
4.	D
5.	B
6.	C
7.	D
8.	B
9.	A
10.	B
11.	C
12.	C
13.	A
14.	B, D
15.	C, E
16.	A
17.	C
18.	A

19.	B
20.	B
21.	A

Chapter 10 The Psychiatric–Mental Health Nursing

1.	Which of the following questions would be most helpful in beginning an initial assessment interview for a patient who has just been admitted to a psychiatric inpatient unit?
A)	Have you had any previous psychiatric admissions?
B)	What brings you into the hospital today?
C)	Have you had any thoughts about trying to harm yourself?
D)	How would you describe your relationship with your spouse?

2.	A patient is being admitted to the psychiatric unit. While explaining his reason for seeking admission, he describes how his 32-year-old son recently died of a heart attack. Which response by the nurse would enhance the effectiveness of this interview?
A)	How is your wife handling your sons death?
B)	Do you have any other living children that can help you cope with this loss?
C)	This must be a very difficult time for you.

D)	I know exactly how youre feeling; my 23-year-old son died unexpectedly last year.

3.	A patient was admitted to the hospital after a suicide attempt made after his daughter was killed in an automobile accident during which he had been driving and survived with only minor injuries. Even though the accident was unavoidable, he feels responsible. During the assessment interview, the patient begins to describe the last conversation he had with his daughter before he lost control of the automobile. As he speaks about his daughter, his voice trembles, and a silent tear rolls down his face. He makes a visible attempt to straighten up and smiles superficially at the nurse, stating, Ill get over this. I just need to keep a stiff upper lip. I think all I need to do is stay overnight. Ill be as good as new by tomorrow. Which response by the nurse would be most appropriate?
A)	Tell me about your daughter. How would you describe the relationship you had with her?
B)	Im sure you are right; a good nights rest should make a big difference.
C)	As good as new?
D)	You made a serious attempt on your life; you will not be ready go home by tomorrow.

4.	After assessing a patient, the nurse noted the following: he was tearful, he tried to kill himself before coming into the hospital, he had no immediate plan for another suicide attempt, he was unable to concentrate, and he reported having trouble sleeping and having little or no appetite. The nurse also noted that the patients appearance was unkempt, that he spoke in a low monotone, and that he was unable to establish and maintain eye contact. Based on this information, which nursing diagnoses would be the most appropriate?
A)	Ineffective Role Performance
B)	Risk for Infection
C)	Risk for Suicide
D)	Risk for Self-Mutilation

5.	A staff nurse on a psychiatric unit knows that patients often have trouble sleeping because of their psychiatric conditions. Which of the following would reflect a psychiatric nursing intervention to appropriately address this problem?
A)	Limiting amounts of evening snacks and beverages
B)	Involving patients in a volleyball game immediately before bedtime
C)	Enforcing the rule that all patients be in bed with lights out by 10:30 PM
D)	Encouraging patients to take short naps in the afternoons

6.	The nurse is determining the success of a patients plan of care by evaluating outcome indicators. The nurse understands that these indicators are usually determined initially at which time?

A)	On the day of discharge
B)	During the assessment process
C)	At the initial interview
D)	With goal-setting process

7.	Based on assessment data, the nurse formulates the nursing diagnosis for a patient as sleep pattern disturbance. After teaching the patient how to relax before bedtime, the nurse determines that the teaching was effective by which outcome?
A)	Discusses feelings about not being able to fall asleep
B)	Reports feeling rested on awakening in the morning within 3 days
C)	Requests sleeping medication each night before bedtime
D)	Is able to sleep for short intervals throughout the night

8.	A patient was brought to the emergency department for an injury he received while working as a migrant worker. It soon becomes evident that the patient cannot speak English. A nurse on duty offers to find an interpreter so the patient can communicate with the medical staff. The nurses offer is an example of which type of nursing intervention?
A)	Milieu therapy
B)	Conflict resolution
C)	Cultural brokering
D)	Structured interaction

9.	A home health nurse is making a home visit to a psychiatric patient who was recently discharged from a mental health unit. During the visit, the nurse plans on clarifying with the patient when she will return for the next home visit. During which stage would the nurse discuss the next home visit with the patient?
A)	Closure stage
B)	Service implementation
C)	Greeting stage
D)	Focus establishment

10.	The nurse is reviewing the assessment data of a patient diagnosed with a mental illness. The patient is to be prescribed medication to treat the illness. The nurse would identify changes in which laboratory values as being the least significant?
A)	Hemoglobin
B)	Alanine aminotransferase (ALT)
C)	Blood urea nitrogen (BUN) level
D)	Serum creatinine

11.	A nurse is performing a biopsychosocial assessment of a patient with depression. Which of the following would the nurse assess as part of the psychological domain? Select all that apply.
A)	Abstract reasoning
B)	Medication use
C)	Mood
D)	Orientation

E)	Self-care

12.	During assessment, the nurse asks a patient to explain what the following means: A penny saved is a penny earned. The nurse is assessing which of the following?
A)	Affect
B)	Attention
C)	Concentration
D)	Abstract reasoning

13.	The nurse is reviewing the drawing that a patient completed as a self-portrait. The nurse observes that the drawing lacks arms and feet. The nurse interprets this as indicating which of the following? Select all that apply.
A)	Low self-esteem
B)	Powerlessness
C)	Insecurity
D)	Inadequacy

14.	A nurse identifies a nursing diagnosis of chronic low self-esteem. Which statement by a patient would support this nursing diagnosis?
A)	I feel so ugly.
B)	No one wants to date me.
C)	Im so fat, like a cow.
D)	I never do anything right.

15.	A nurse is assessing a patients spirituality. Which question would be most appropriate to ask?

A)	Have you ever tried to harm yourself?
B)	How important is your family to you?
C)	How do you define good and evil?
D)	What gives your life meaning?

16.	A nurse is assisting a patient in using simple relaxation techniques. Which of the following would the nurse do first?
A)	Have the patient assume a relaxed position.
B)	Advise the patient to let the sensations happen.
C)	Ensure a quiet, nondisrupting environment.
D)	Instruct the patient to take an initial slow, deep breath.

17.	A group of nursing students are reviewing information about counseling interventions. The students demonstrate a need for additional review when they identify counseling interventions as involving which of the following?
A)	Specific, time-limited intervention
B)	Focus on coping improvement
C)	Goal of regaining functional abilities
D)	Prevention of disability

18.	A patient is engaged in bibliotherapy and begins to express his feelings because he closely associates his experience with that provided by the reading material. The nurse interprets this as which of the following?
A)	Insight
B)	Catharsis

C)	Anxiety reduction
D)	Problem solving

19.	After teaching a group of nursing students about milieu therapy, the instructor determines that additional teaching is needed when the students identify which of the following as a key concept of milieu therapy?
A)	Structure interaction
B)	Open communication
C)	Validation
D)	De-escalation

20.	The nurse is assessing a patients immediate and short-term memory. Which of the following would be most appropriate?
A)	Questioning the patient about an event that has occurred within the past several months
B)	Giving the patient a simple scenario and having him identify what would be the best response
C)	Giving the patient three words and asking him to recite them now and then in 5 minutes
D)	Asking the patient to tell the nurse the date, time, and current location

Answer Key

1.	B
2.	C
3.	D

4.	C
5.	A
6.	B
7.	B
8.	C
9.	A
10.	A
11.	A, C, D
12.	D
13.	B, D
14.	D
15.	D
16.	C
17.	C
18.	B
19.	D
20.	C

Chapter 11 Psychopharmacology, Dietary Supplements, and Biologic Interventions

1.	A nurse is performing an admission assessment. The patient complains that it has been taking larger and larger amounts of medication to get the desired effect. Based on this information, the nurse interprets this as suggesting which of the following?
A)	Desensitization
B)	Tolerance
C)	Therapeutic index
D)	Toxicity

2.	An older adult is complaining of anxiety is prescribed diazepam (Valium) by a family physician. The physician asks the office nurse to explain the problematic side effects of this medication to the patient. Which instruction would be most important for the nurse to emphasize about this drug?
A)	You may experience minor urine incontinence from time to time.
B)	You may find that you have temporary memory disturbances.
C)	You need to use this medication cautiously because it can cause dependence.
D)	You may feel dizzy and be prone to falls after taking this medication.

3.	A nurse is caring for a psychiatric patient who is receiving an antacid that contains aluminum salts. Which action by the nurse would be most appropriate?
A)	Give the antacid 1 hour before the antipsychotic medication.
B)	Give the antacid at the same time as the antipsychotic medication.
C)	Administer the antacid 1 hour after the antipsychotic medication.
D)	Administer the antacid just before the patient goes to sleep.

4.	A patient is prescribed medication for a psychiatric disorder. After 3 days, the patient tells the nurse that he or she has been constipated. Which instruction would the nurse give the patient?
A)	You need to eat more high-protein foods such as meat and peanut butter.
B)	You need to eat more fruits and vegetables and drink more water.
C)	Ask your psychiatrist to prescribe a stool softener for you.
D)	This side effect should disappear within a week or so.

5.	The nurse is caring for a 70-year-old psychiatric patient who has been prescribed a number of medications. When teaching the patient about the medications, which explanation would be most appropriate?
A)	Your stomach empties more quickly as you age; therefore, you may feel the effect of your medications almost immediately.

B)	Your entire GI system speeds up, so your medications are digested much more quickly. Therefore, it is important that you not drive after you take your medications.
C)	Because of your age and related changes in liver functioning, you may have medication levels in your system with the potential to be toxic.
D)	Because of age-related circulation changes, your body will be able to deliver therapeutic doses of your medication to select body sites more quickly.

6.	During the stabilization phase of drug therapy for a patient who is hospitalized with a psychiatric disorder, which action would be most appropriate?
A)	Discussing the timing of tapering the medication
B)	Instructing the patient about relapse prevention
C)	Determining if the medication is losing its effect
D)	Assessing the patient for target symptoms and side effects

7.	A patient has been prescribed clozapine for treatment of schizophrenia. Which of the following would the nurse include in the teaching plan for this patient and family?
A)	You may experience hypertension while taking this medication.
B)	One of the side effects of this medication is breast engorgement.
C)	People taking this medication often experience dermatitis.
D)	You may experience noticeable weight gain while taking this medication.

8.	A patient who has been taking clozapine for 6 weeks visits the clinic complaining of fever, sore throat, and mouth sores. The nurse notifies the patients physician because the nurse suspects which of the following?
A)	Severe anemia
B)	Neuroleptic malignant syndrome
C)	Encephalitis
D)	Agranulocytosis

9.	A hospitalized patient who has been taking an antipsychotic medication for 2 weeks begins pacing and walking throughout the unit. He tells the nurse that he cannot sit still. The nurse documents this finding as which of the following?
A)	Akinesia
B)	Dystonia
C)	Pseudoparkinsonism
D)	Akathisia

10.	The nurse observes an older adult patient who has been taking antipsychotic medications for 8 months. The patient is smacking her lips and blinking her eyes rapidly. The nurse also observes a protruding tongue. Which action by the nurse would be most appropriate?
A)	Ask if the patient has been experiencing side effects.
B)	Contact the patients physician for a different medication order.
C)	Document the patients symptoms of tardive dyskinesia.
D)	Instruct the patient to begin tapering off the medication.

11.	A nurse is working as part of a team involved with the testing of a new psychiatric medication. The drug is currently being used in multiple clinical trials at various different sites. The nurse is engaged in which phase of testing?
A)	Phase I
B)	Phase II
C)	Phase III
D)	Phase IV

12.	A nursing instructor is teaching a class on the pharmacodynamics of psychiatric medications. The instructor determines that additional teaching is needed when the students identify which of the following as a site of action?
A)	Receptor
B)	Ion channels
C)	Neurotransmitters
D)	Enzymes

13.	A nurse is reviewing information about a psychiatric medication that describes the amount of the drug that actually reaches systemic circulation unchanged. The nurse identifies this as which of the following?
A)	First-pass effect
B)	Bioavailability
C)	Solubility
D)	Biotransformation

14.	A patient receiving an antipsychotic agent develops acute extrapyramidal symptoms. Which response by the nurse would be most appropriate?
A)	These symptoms are not real; the medication makes your brain think they are real.
B)	You have developed an allergy to the medication, so we need to change it.
C)	These are the results of the drug that can be treated; your illness is not getting worse.
D)	The sunlight together with the medication has caused these symptoms; just stay indoors.

15.	A group of nursing students are reviewing information related to drug therapy for mood disorders. The students demonstrate understanding of the information when they identify which agent as the gold standard for treating bipolar disorder?
A)	Carbamazepine
B)	Lithium
C)	Valproate
D)	Lamotrigine

16.	A nurse administers a prescribed dose of lithium at 8 PM. The nurse would schedule a specimen to be obtained for a blood level at which time?
A)	10 PM
B)	12 AM
C)	4 AM
D)	8 AM

17.	A nurse is preparing a continuing education presentation for a group of psychiatricmental health nurses about various psychopharmacologic agents. The nurse is planning to discuss selective serotonin reuptake inhibitors. Which agents would the nurse include in this group? Select all that apply.
A)	Fluoxetine
B)	Duloxetine
C)	Sertraline
D)	Venlafaxine
E)	Bupropion
F)	Amoxapine

18.	A patient is brought to the emergency department by her brother, who reports that the patient became very agitated and started hallucinating. Further assessment reveals tachycardia, incoordination, vomiting, and diarrhea. The brother states that the patient is taking paroxetine for depression. Which of the following would the nurse most likely suspect?
A)	Neuroleptic malignant syndrome
B)	Acute dystonic reaction
C)	Serotonin syndrome
D)	Hypothyroidism

19.	After teaching a patient who is prescribed imipramine about the drug, the nurse determines that the teaching was effective when the patient states which of the following?

A)	I need to be careful because the drug can make me sleepy.
B)	I dont have to worry about getting dizzy when I get up from lying down.
C)	I might notice some excess saliva in my mouth at different times.
D)	I need to avoid foods with fiber because diarrhea can occur.

20.	A patient with depression asks the nurse about possible herbal supplements. Which of the following would the nurse identify as being commonly used?
A)	Valerian
B)	St. Johns wort
C)	Kava
D)	Melatonin

21.	A nurse is preparing a patient for electroconvulsive therapy. Which of the following would the nurse include in the patients plan of care? Select all that apply.
A)	Ensuring that there is a signed informed consent on the patients chart
B)	Telling the patient he can have fluids but no food before the procedure
C)	Alerting the patient to the possibility of confusion after the treatment
D)	Informing the patient that he can leave his dentures in place for the treatment
E)	Ensuring that the patient is closely supervised for at least the first 12 hours afterward

22.	The nurse is reviewing the medical records of several patients receiving antipsychotic agents. Which factors, if noted, would the nurse identify as placing a patient at greater risk for tardive dyskinesia?
A)	Male gender
B)	Age 30 to 45 years
C)	History of depression
D)	Short duration of treatment

23.	A patient is experiencing hallucinations and delusions. The nurse would expect the physician to order which class of drug?
A)	Mood stabilizer
B)	Antipsychotic
C)	Antianxiety agent
D)	Stimulant

24.	After teaching a patient who is receiving phenelzine, the nurse determines that the teaching was successful when the patient states the need to avoid which of the following?
A)	Fresh cottage cheese
B)	Cooked sliced ham
C)	Tap beers
D)	Soy milk

25.	A group of nursing students are reviewing the various drug classes used to treat psychiatric disorders. The students demonstrate understanding when they identify which of the following as examples of antianxiety medications? Select all that apply.
A)	Selegiline
B)	Lorazepam
C)	Buspirone
D)	Zolpidem
E)	Methylphenidate

Answer Key

1.	B
2.	D
3.	A
4.	B
5.	C
6.	D
7.	D
8.	D
9.	D
10.	C
11.	C
12.	C

13.	B
14.	C
15.	B
16.	D
17.	A, C
18.	C
19.	A
20.	B
21.	A, C, E
22.	C
23.	B
24.	C
25.	B, C

Chapter 12 Group Interventions

1.	The nurse is preparing to form a group in an inpatient psychiatric setting for patients who have experienced trauma. In addition to the group leader, the nurse would anticipate including how many patients?
A)	Three or four
B)	Five or six
C)	Seven or eight
D)	Nine or 10

2.	While participating in a group therapy session, one group member consistently asks for clarification of the topic the group is discussing. The nurse leading the group interprets this behavior as reflecting which group role?
A)	Coordinator
B)	Recorder
C)	Information seeker
D)	Standard setter

3.	While leading a small group, the nurse sets up the ground rules at the beginning of the groups first meeting. One of the rules established is that the group will always start at the specified time rather than waiting to start until after everyone has arrived. This rule reflects which of the following?
A)	Group norms
B)	Group cohesion
C)	Group think
D)	Group process

4.	The nurse has begun group counseling sessions for several hospitalized patients in the psychiatric facility. Which of the following would be most effective for the nurse to do to promote group cohesiveness?
A)	Use team-building exercises.
B)	Encourage task completion by members.
C)	Spend time with each member individually.
D)	Be consistent with the group themes.

5.	In an initial group therapy session, the nurse observes that one group member continually tries to monopolize the conversation. The nurse interprets this behavior as reflecting which of the following in the patient?
A)	Anxiety
B)	Anger
C)	Rebellion
D)	Fear

6.	The nurse is leading a small group of hospitalized patients diagnosed with psychiatric disorders. One group member has asked for advice and often agrees with suggestions by other group members but then adds, Yes, but . . . to every suggestion offered. Which response by the nurse would be most appropriate?
A)	Things would probably work out better if you joined a different group.
B)	Do you realize you say, Yes, but . . . to every suggestion the group has for you?
C)	I suggest you stop and think about why you always respond to suggestions with Yes, but . . .

D)	What solution do you think would work best for you?

7.	A patient has been placed in an anger management group because he has trouble controlling his angry outbursts. The nurse interprets this type group as an example of which of the following?
A)	Psychotherapy
B)	Self-help
C)	Psychoeducation
D)	Supportive therapy

8.	A nurse is leading a group in which members are encouraged to discuss their feelings and emotions. The group session is just starting when a patient stomps into the room, slams his notebook down on a table, and sits down. His affect is one of anger and hostility. Which response by the nurse would be most appropriate?
A)	Keep the focus off the patient so his anger has time to de-escalate.
B)	Suggest the patient make a private counseling appointment to address his anger issues.
C)	Ask the patient to leave the group until he is calmer.
D)	Encourage the patient to discuss his anger with the group.

9.	A nurse is leading a group on an adolescent psychiatric unit. A new member in the group is from out of state; his accent and his way of dressing set him apart from the other patients; and it is obvious that the group, for the most part, dislikes this patient. During the group session, the nurse has the members draw the emotion they are feeling and then has them present their drawings and explain them to the group. Which of the following would be the most effective way to address the groups dislike for the new member?
A)	Skip him when it is his turn to present his drawing.
B)	Let the patient talk last so the others will not have time to make fun of him.
C)	Compliment the patient when he presents his drawing.
D)	Demand that each member of the group tell the patient why they dislike him.

10.	A group of nursing students is reviewing information about the different types of group. The students demonstrate understanding of the information when they identify which of the following as a characteristic of a self-help group that differentiates it from a supportive therapy group?
A)	The group is led by a professional.
B)	The group is led by a consumer.
C)	There is no identified leader.
D)	The group is focused on a specific problem.

11.	A nurse is preparing to lead an older adult group. Which of the following would the nurse need to keep in mind when leading this group?

A)	Focusing the group to promote learning of new information
B)	Keeping the pace of the group meetings slow
C)	Discouraging the use of life review strategies
D)	Teaching entirely new methods for coping

12.	A group of nursing students is reviewing information about open and closed groups. The students demonstrate understanding of the information when they identify which of the following as an example of an open group?
A)	Outpatient smoking cessation group
B)	Community clinic psychoeducation group
C)	Ambulatory psychotherapy group
D)	Inpatient anger management group

13.	A nurse is deciding about the size of the group. The nurse determines that a large group would be best based on which of the following?
A)	Transference and countertransference issues will be moderate to minimal.
B)	Group cohesiveness will be strong with greater interpersonal experiences.
C)	The number of potential interactions and relationships is limited.
D)	The group is effective for dealing with a specific issue.

14.	A nurse is acting as the leader of a newly formed group that is in the beginning stage of development. Which of the following would the nurse expect to do? Select all that apply.

A)	Develop rapport with the group members
B)	Anticipate members testing one another
C)	Work with members to develop norms
D)	Promote sharing of feelings
E)	Facilitate verbal and nonverbal communication

15.	After teaching a class about formal and informal roles of group members, the instructor determines that the teaching was successful when the class identifies which of the following as a formal role? Select all that apply.
A)	Coordinator
B)	Leader
C)	Member
D)	Harmonizer
E)	Information seeker

16.	While leading a group, a nurse leader says to a patient, This is the fourth time that youve changed the subject when we have talked about child abuse. Is something going on? The nurse is using which technique?
A)	Support
B)	Confrontation
C)	Summarizing
D)	Clarification

17.	During a group session, one of the members states, Lets keep this discussion going so that everyone can participate, but lets keep the time each person speaks to about 3 minutes. The leader interprets this member as acting in which role?
A)	Group observer
B)	Gatekeeper
C)	Encourager
D)	Energizer

18.	When leading a group, the nurse determines that several of the group members have assumed roles that may be interfering with the groups function. Which roles might be involved? Select all that apply.
A)	Self-confessor
B)	Follower
C)	Dominator
D)	Elaborator
E)	Playboy
F)	Compromiser

19.	A group of nursing students is reviewing the factors associated with group psychotherapy through which therapeutic changes occur. The students demonstrate understanding when they identify which of the following as a factor? Select all that apply.
A)	Altruism
B)	Catharsis
C)	Repressed behavior

D)	Universality
E)	Hopelessness

20.	A psychiatricmental health nurse is preparing to lead a medication group. Which of the following would be most important for the nurse to assess? Select all that apply.
A)	Cognitive abilities
B)	Medication knowledge
C)	Reading skills
D)	Writing abilities
E)	Use of a specific medication

Answer Key

1.	C
2.	C
3.	A
4.	A
5.	A
6.	D
7.	C
8.	D
9.	C
10.	B
11.	B

12.	D
13.	D
14.	A, B
15.	B, C
16.	B
17.	B
18.	A, C, E
19.	A, B, D
20.	A, B, C, D

Chapter 13 Stress and Mental Health

1.	A nurse is performing an assessment interview with a patient. The patient tells the nurse that he has a type A personality. Based on the nurses interpretation, the nurse would expect which behavior by the patient?
A)	Appearing relaxed and easygoing throughout the interview
B)	Wanting the interview to be over as quickly as possible

C)	Being pleased with the overall pace of the interview
D)	Speaking slowly, requiring time to consider his answers

2.	A nurse is assessing a patient and the patients social networks. When evaluating this area, the nurse integrates knowledge that which of the following is an important component?
A)	Blood relationships
B)	Bonding with one another
C)	Reciprocity
D)	Emotional support

3.	A patient visits the clinic and tells the nurse about being under a great deal of stress on the job for the past month. Applying the factors that determine the stress response, which question would be most appropriate for the nurse to ask?
A)	What effect is the stress having on your job performance?
B)	How would you describe the social network within your family?
C)	What is the specific event that you find most stressful?
D)	When did you first become aware of experiencing this stress?

4.	The nurse is caring for a patient with chronic stress for the past month because of job loss and financial difficulties. When evaluating the patients assessment findings, the nurse would anticipate finding an elevated antibody titer to which of the following?
A)	Herpes simplex viruses
B)	Herpes zoster viruses
C)	Acquired immune deficiency viruses
D)	Influenza viruses

5.	The nurse is caring for a patient who has been under severe stress while caring for her elderly mother who is in the advanced stages of Alzheimers disease. The nurse explains that the patient is adapting to the stress is she is experiencing because of which of the following?
A)	Ability to survive in the midst of severe stress
B)	Acceptance of others help in caring for her mother
C)	Success at being able to solve problems
D)	Capability in setting reasonable personal goals

6.	The nurse is preparing to care for a patient under severe stress resulting from caring for her elderly aunt diagnosed with leukemia. When assessing the patients psychological domain, which question would the nurse ask first?
A)	Lets talk about what you have been feeling.
B)	Tell me about your depressed moods.
C)	How long have you been caring for your aunt?
D)	Are you feeling overwhelmed by caring for your aunt?

7.	A patient has come to the clinic to discuss the stress she is experiencing because of failing two exams at school. Initially, she described her failures as the worst thing that has ever happened to me, and she stated, There is absolutely nothing I can do to pass this course now. In response to the nurses questions, the nurse finds out there are three more equally weighted exams scheduled for the course in question. The nurse and patient collaborate and decide to use interventions to facilitate emotion-focused coping. Which additional comment from the patient would the nurse identify as providing support for this decision?
A)	Youve got to figure out something for me to do to get me out of this situation!
B)	This is a waste of time because absolutely nothing you or I can do will make it any better.
C)	I overreacted; surely together we can figure out something for me to do.
D)	This is the worst thing that could ever happen to me. Im nothing but a failure.

8.	A nurse is reviewing the assessment findings of several patients. Which patient would the nurse identify as having a type D personality?
A)	A man who threatens the receptionist in the emergency department with bodily harm if a doctor does not see him right away
B)	A woman who sits quietly reading in a waiting room before seeing her doctor for her annual physical examination
C)	A quiet teen who drinks a six pack of beer against his better judgment because of peer pressure

D)	A man who reacts negatively to almost everything but never discusses his feelings with anyone

9.	A patient is talking to the nurse about her friendship with another person. She comments, That person is always there for me, and I am always there for her. We help each other out; sometimes shes helping me, and sometimes I am helping her. The nurse interprets the patients statements about her social network as reflecting which of the following?
A)	Denseness
B)	Reciprocity
C)	Social support
D)	Constraints

10.	After interviewing a patient about social supports, the nurse determines that the patient is experiencing emotional support from these social supports based on which statement?
A)	Im glad I have someone that I can talk to.
B)	The person who cut my lawn was great!
C)	I received a small community grant for groceries.
D)	The senior center gave me a booklet about my medications.

11.	A nurse is assessing a patient and uses the Recent Life Changes Questionnaire as part of the assessment. The nurse determines that the patient has experienced major life crisis with which score on the questionnaire?
A)	150

B)	250
C)	350
D)	450

12.	A group of students are reviewing the events associated with the fight-or-flight response. They demonstrate understanding of the information when they identify which of the following results from sympathetic nervous stimulation?
A)	Hypoglycemia
B)	Tachycardia
C)	Hypotension
D)	Hypercoagulability

13.	During an interview, a patient states, I feel so guilty, and Im so ashamed of what I did. The nurse interprets this as which of the following?
A)	Negative emotion
B)	Positive emotion
C)	Borderline emotion
D)	Nonemotion

14.	A group of nursing students is reviewing information about emotional responses to stress and the themes associated with them. The students demonstrate understanding of the information when they identify which emotion as associated with being moved by anothers suffering and wanting to help?
A)	Relief

B)	Hope
C)	Compassion
D)	Love

15.	A nurse has completed an assessment of a patient who is experiencing significant stress. The assessment revealed intense anger and acting out behaviors along with statements of negative emotions. Which nursing diagnosis would be most appropriate?
A)	Disturbed though processes
B)	Low self-esteem
C)	Hopelessness
D)	Ineffective coping

16.	A nurse is conducting an assessment of a patients social network. Which of the following would the nurse assess? Select all that apply.
A)	How big is your network of contacts?
B)	What benefits do you receive from these people?
C)	Who is responsible for providing the support?
D)	Do any of the members know one another?
E)	What services do you think might be helpful?

17.	After teaching a group of students about appraisal and the stress response, the instructor determines that additional teaching is needed when the students identify which of the following as part of the primary appraisal?
A)	Relevance of the goal
B)	Consistency of goal with values

C)	Personal commitment
D)	Outcome explanation

18.	While leading a student class presentation about general adaptation syndrome and its stages, which of the following would the student describe as the final stage?
A)	Perception of a threat
B)	Use of coping mechanisms
C)	Physiologic response
D)	Exhaustion

19.	When describing the concept of allostatic load to a group of students, which of the following would the instructor identify as abnormalities of which of the following as indicative of the overall changes?
A)	Nuclear imaging studies
B)	Laboratory test results
C)	Bone radiographs
D)	Cardiac studies

20.	A nurse is providing an in-service presentation on coping and adaptation. Which of the following would the nurse most likely include? Select all that apply.
A)	Most coping strategies are similar in their approach.
B)	Coping when effective leads to adaptation.
C)	Reappraisal occurs simultaneously with coping.
D)	The same coping strategy is used in each situation.

E)	Coping is a deliberate and planned effort to mange stress.

Answer Key

1.	B
2.	C
3.	A
4.	A
5.	A
6.	A
7.	C
8.	D
9.	B
10.	A
11.	D
12.	B
13.	A
14.	C
15.	D
16.	A, B, C, D

17.	D
18.	D
19.	B
20.	B, E

Chapter 14 Management of Anger, Aggression, and Violence

1.	The nurse is caring for an older patient in a residential care facility. The patient has been extremely irritable the entire day. When modifying the patients plan of care, which of the following would be an appropriate snack to offer the patient to decrease the irritability?
A)	Chocolate candy bar
B)	Handful of raisins
C)	Granola bar
D)	Glass of milk

2.	The nurse is assessing a group of patients on an inpatient psychiatric unit. The patients history for which of the following would the nurse identify as the strongest indicator of risk for violence?
A)	Panic disorder
B)	Problematic anxiety
C)	Somatoform disorder

D)	Violent behavior

3.	A son brings his father to the clinic and tells the nurse that his father has begun to act strangely in the past few days and has unprovoked outbursts of anger. After the incidents, the father expresses remorse for his outburst. The son says, Ive never seen him act this way. Which question would be most appropriate for the nurse to ask next?
A)	Does your father have a history of an anxiety disorder such as panic disorder?
B)	Has your father exhibited previous problems expressing anger appropriately?
C)	Has your father suffered any traumatic injury to his brain recently?
D)	Has your father injured the back of his head or next in the past week?

4.	The nurse is caring for an older adult patient who has no history of violence but is agitated and appears ready to strike out at a staff member. The nurse would assess the patient for which of the following?
A)	Panic disorder
B)	Epilepsy
C)	Bipolar disorder
D)	Sensory losses

5.	A patient has been admitted to the detoxification unit after binge drinking. Even though the patient is not currently intoxicated, he is combative and exhibits altered thought processes. Which nursing diagnosis would be the priority?
A)	Risk for Injury related to effects of alcohol abuse
B)	Risk for Self-Mutilation related to alcohol withdrawal and altered thought processes
C)	Risk for Other-Directed Violence related to alcohol withdrawal
D)	Risk for Delayed Development related to chronic effects of alcohol intoxication

6.	The nurse is working with a potentially violent patient in a community clinic. Which of the following would the nurse implement to minimize personal risk?
A)	Using protective devices
B)	Staying close to a door
C)	Keeping the door closed to ensure privacy
D)	Wearing inexpensive jewelry to distract the patient

7.	The nurse is caring for a family whose older father with dementia is living in their home. The nurse has instructed the family about how to decrease the fathers agitation. The nurse determines that the son has understood the nurses instructions when he states which of the following?
A)	Restraints can help reduce my fathers agitation.
B)	I should place my father in the bedroom with me so I can watch him more closely.

C)	Its important that he gets out shopping with me or my wife.
D)	If I simplify our home environment, my father may be less agitated.

8.	A nursing instructor is teaching a class of nursing students about anger, aggression, and violence. Which statement by the instructor would be most appropriate to include?
A)	Anger, aggression, and violence are points along a continuum.
B)	The terms used to describe anger are very precise.
C)	Anger is a knee-jerk reaction to external events.
D)	Women experience anger as frequently as men do.

9.	A group of nursing students is reviewing information about maladaptive anger. The students demonstrate a need for additional study when they identify which condition as being linked to suppressed anger?
A)	Coronary heart disease
B)	Arthritis
C)	Hypertension
D)	Breast cancer

10.	While interviewing a patient, a nurse asks, What do you do when you get angry? Which patient response would indicate to the nurse that the patient engages in anger suppression?
A)	Ive been known to fly off the handle when Im angry.
B)	People say I withdraw and pout about the problem.

C)	I usually approach the person directly to talk about it.
D)	I try to discuss how Im feeling about it with a close friend.

11.	The plan of a care for a patient with anger includes behavioral interventions. Which of the following would the nurse be likely to find?
A)	Self-monitoring of cues
B)	Anger management
C)	Relaxation training
D)	Response disruption

12.	The nurse is reviewing the medical record of a patient who is experiencing aggressive and violent behavior for possible risk factors. Which of the following would the nurse identify? Select all that apply.
A)	Damage to the frontal lobe of the brain
B)	Low testosterone levels
C)	Family history of aggression
D)	Gender
E)	High level of competitiveness

13.	When assessing a patient experiencing aggression, the nurse applies the general aggression model. Which of the following would the nurse assess as the person factors? Select all that apply.
A)	Patients personality traits
B)	Insult initiating the behavior
C)	Previous behavior patterns

D)	Patients shouting
E)	Patients mood
F)	Patients gender

14.	A nurse is presenting an in-service program about aggression and violence to a group of newly hired nurses who will be working in an inpatient psychiatric facility. When describing characteristics that may predict the risk for violence and aggression in patients, which of the following would the nurse include? Select all that apply.
A)	Age
B)	Impulsivity
C)	Substance withdrawal
D)	Gender
E)	Suspiciousness

15.	A unit in an inpatient psychiatric facility is experiencing an increase in violence episodes by patients. A group of nurses working on this unit is developing a plan to address this issue. When developing this plan which of the following would the nurses most likely address as the problem areas? Select all that apply.
A)	Inconsistent unit activities
B)	Medication power struggles
C)	Empathetic staff response
D)	Clear set boundaries
E)	Little patient participation in treatment plan

16.	While talking with a patient who has been experiencing aggression and intense anger, the nurse identifies that the patient feels isolation and anxious. Which statement by the nurse would be most appropriate?
A)	This must be scary for you.
B)	Once you relax, things will improve.
C)	I really understand how you feel.
D)	If you calm down, I can help you.

17.	After working with a patient who has a history of violent behavior to identify possible clues that suggest that his behavior is escalating, the nurse and patient develop a plan for prevention. Which strategy would they be least likely to include?
A)	Counting to 10
B)	Taking slow deep breaths
C)	Turning up the music loud
D)	Taking a voluntary time out

18.	An advanced practice psychiatric nurse is preparing to conduct a support group for psychiatricmental health nurses who have been assaulted by patients. Which of the following would the nurse need to keep in mind with this group?
A)	Nurses experience a conflict between the role of caregiver and victim.
B)	Nurses who are victims often go on to prosecute the patient attackers.
C)	Nurses actively express the feelings associated with patient assaults.

D)	Nurses as victims of patient assaults rarely experience guilt or shame.

Answer Key

1.	D
2.	D
3.	C
4.	D
5.	C
6.	B
7.	D
8.	D
9.	A
10.	B
11.	B
12.	A, C, E
13.	A, F
14.	B, C, E
15.	A, B, E
16.	A

17.	C
18.	A

Chapter 15 Crisis, Loss, Grief, Response, Bereavement, and Disaster Management

1.	The nurse is assessing a 35-year-old woman who is seeking assistance at a local community counseling center. Which of the following statements made by the woman would indicate that she is experiencing a crisis?
A)	Im so upset; my husband has never left me like this before.
B)	Im confused and hurt; I have lost my best friend and my lover.
C)	I dont understand; I cant seem to function like I usually do.
D)	No matter what I do, I am still overcome by these sad feelings.

2.	A patients 5-year-old poodle ran in front of a car and was killed. The patient continues to be upset by her pets death, and she explains to a community counseling center nurse that she cant stop crying because, My Precious meant the world to me, and now my world will never be the same! If the nurse were to determine that the patient was experiencing a crisis, which of the following types of crisis would it most likely be?
A)	Maturational

B)	Situational
C)	Traumatic
D)	Developmental

3.	A 62-year-old man experienced the loss of his 87-year-old father a week ago. The hospice nurse is making a follow-up visit to determine how he is handling his fathers death. Which of the following statements made indicates to the hospice nurse that patient is in the acute mourning stage of bereavement?
A)	I keep thinking about my father; I have trouble believing hes dead. I feel guilty because I didnt go to the nursing home to visit him last week!
B)	Ive been grieving my father; losing him is a tremendous loss, but I have to get on with my life.
C)	My father was a saint. I am so angry at God for taking him away! Im crying all the time; I havent been able to work for days.
D)	Im going to spend the weekend with my children; they understand what Ive been going through, and I can relax around them.

4.	A 25-year-old legal secretary is seeking counseling because she recently lost her job unexpectedly. Which question would be most appropriate for the nurse to use in assessing the patients response to losing her job?
A)	What happened to cause you to lose your job?
B)	How did you feel immediately after being told you no longer had a job?
C)	How do you expect yourself to be able to handle this situation?

D)	How have you responded to previous stressful situations?

5.	An individual is seeking employment as a nurse in a crisis center. The interviewer asks the person what he would ask someone who called the crisis hotline to determine whether the caller was experiencing a crisis. Which response would be most appropriate?
A)	To what extent are you involved in a crisis situation?
B)	Tell me about what you are experiencing and what it means to you.
C)	How would you rate your level of functioning on a scale from 1 to 10?
D)	Why do you think you are in a crisis situation?

6.	A Red Cross nurse is working with tornado victims. The nurse is interviewing a woman whose house was totally destroyed during the night by the tornado; the womans pet poodle died as a result of the tornado. Which of following would the nurse most likely expect to hear from the woman?
A)	I dont know. I cant feel anything right now. Nothing seems real.
B)	Devastated. . . . I just feel totally devastated. I dont know how I can go on living.
C)	I just want my insurance man to get here so I can file a claim. Everything I had is gone.
D)	I always thought my dog would die peacefully in my arms. Now Ill never be able to hold her again.

7.	A nurse is part of team working with hurricane victims. One of the hurricane victims is staying in a temporary shelter provided by the Red Cross. To determine the extent to which this victim can cognitively cope with his situation and how much support he needs, which question would be most appropriate for the nurse to ask?
A)	What kind of help do you need from us?
B)	What are your thoughts about what you will do during the next few days?
C)	How are you feeling about all that you have gone through?
D)	Are you feeling guilty because you survived and some of your neighbors did not?

8.	A family has just lost their home in a fire. An on-call nurse from a community counseling center has been called in to the emergency department to help them with this traumatic event. Which of the following would the nurse identify as the priority for this family?
A)	Arranging for follow-up therapy to deal with the crisis
B)	Completing a family genogram to determine family patterns
C)	Assessing the impact of the loss on their lifestyle
D)	Arranging for emergency shelter and food supplies

9.	A nursing instructor who is lecturing to students about how to respond to individuals who are in the midst of a disaster. Which statement would be most appropriate to include about initial nursing interventions for such individuals?

A)	You should ask them to give you a brief medical history so their physical needs can be met.
B)	Focus on safety needs and provide simple, clear instructions to help them function effectively.
C)	Help them determine what their long-term goals will be so they can maintain a sense of hope.
D)	Try to redirect their attention away from the problems at hand so you can decrease their anxiety.

10.	A nurse is working as part of a community disaster response team. When responding to a community disaster, the nurse integrates understanding of individuals responses, anticipating which of the following?
A)	People can become aggressive and violent when their basic needs are threatened.
B)	People involved in the disaster will always put the welfare of others before their own.
C)	Losses incurred during the disaster have little, if any, long-term effect on victims.
D)	The psychological distress associated with disasters is felt immediately.

11.	A group of nursing students is reviewing information about the types of crisis. The students demonstrate understanding of the information when they identify which of the following as a developmental crisis?
A)	Going away to college
B)	Obtaining a job promotion
C)	Loss of a pet
D)	Earthquake

12.	As part of a community program on crisis prevention, a nurse is describing the phases of crisis. Which of the following would the nurse identify as occurring first?
A)	Problem stimulating usual problem solving
B)	Trial and error attempts to alleviate problem
C)	Automatic relief behaviors take over
D)	Serious personality disorganization

13.	A nurse is assessing the parents of a 6-year-old child who has died from leukemia. The nurse is integrating the dual process model for the assessment. Which of the following would the nurse identify as reflecting the parents loss-oriented coping?
A)	Engaging in new activities
B)	Denying the grief
C)	Developing new relationships
D)	Thinking about the lost child

14.	A nursing instructor is describing uncomplicated grief to a class. Which of the following would the instructor most likely include in the discussion?
A)	Uncomplicated grief differs from normal grief because it lasts longer.
B)	Most bereaved persons experience uncomplicated grief.
C)	Uncomplicated grief is primarily loss associated with death
D)	This type of grief is less painful and disruptive than normal grief.

15.	Assessment of a patient indicates complicated grief. Which statements would the nurse identify as supporting this reaction? Select all that apply.
A)	Its been 2 months, and I still want my son back.
B)	I still wait for him to come right through the door every day.
C)	Im really struggling with trusting anybody anymore.
D)	I wish I could go back to the days before he died.
E)	Life seems so empty now that hes gone. What will I do?

16.	A patient is experiencing traumatic grief resulting from the suicide of a family member. In addition to the usual emotions experienced with bereavement and grief, which of the following would the person most likely exhibit? Select all that apply.
A)	Acceptance of the loss
B)	Sense of rejection
C)	Disgust
D)	Stigmatization
E)	Self-blame

17.	After teaching a group of nursing students about crisis, the instructor determines that the teaching was successful when the students state which of the following?
A)	Crisis triggers maladaptive responses.
B)	Crisis is a time-limited event.
C)	Chronic crisis is a real situation.
D)	Events causing a crisis are similar for everyone.

18.	The nurse is providing follow up care to victims of a disaster that occurred several months ago. Assessment of which of the following would lead the nurse to suspect that the victims are experiencing possible aftereffects of the disaster?
A)	Tachycardia
B)	Profuse perspiration
C)	Unexplained gastrointestinal disturbance
D)	Tremors

19.	A nurse is working with a patient who is in crisis. Which of the following would be least appropriate for the nurse to do?
A)	Support the patients cultural beliefs about expressing feelings.
B)	Encourage the patient to focus on one aspect at a time.
C)	Provide the patient with an understanding that everything will be okay.
D)	Explain information clearly to clarify any misconceptions or myths.

20.	A group of nursing students is reviewing information about grief and bereavement. The students demonstrate understanding of the information when they identify which of the following?
A)	Grief and bereavement are used interchangeably as responses to loss.
B)	Bereavement is the process of mourning and grief is the emotional reaction.

C)	Grief involves confronting the stress, but bereavement helps avoid the stresses.
D)	Bereavement is influenced by culture, but grief is not.

Answer Key

1.	C
2.	B
3.	C
4.	D
5.	B
6.	A
7.	B
8.	D
9.	B
10.	A
11.	A
12.	A
13.	D
14.	B
15.	B, C, D, E
16.	B, D, E

17.	B
18.	C
19.	C
20.	B

Chapter 16 Suicide Prevention

1.	The nurse is caring for a group of hospitalized patients with various psychiatric diagnoses. The nurse identifies which patient as having the greatest risk for a suicide attempt?
A)	Man with bipolar I disorder
B)	Woman with acute stress disorder
C)	Man with major depressive disorder
D)	Woman with somatoform disorder

2.	The nurse is reviewing the medical records of several patients diagnosed with major depression. The nurse identifies which patient as least likely to commit suicide?
A)	Divorced man
B)	Widowed woman
C)	Single woman
D)	Married man

3.	A family member of an adolescent who has expressed a desire to commit suicide asks the nurse, What might predict the possibility of future suicide attempts? Which of the following would the nurse include in the response?
A)	Unemployment
B)	Death of a spouse
C)	Previous suicide attempt
D)	Polydrug use

4.	A nurse is completing an admission assessment of a young adult woman who has a history of depression and who was brought to the hospital by her boyfriend. In response to the nurses question regarding suicidal ideation, the patient discloses that the she is thinking about killing herself. Which question would be most appropriate for the nurse to ask next?
A)	What does your boyfriend think about your desire to kill yourself?
B)	What are your spiritual beliefs about suicide?
C)	What will killing yourself accomplish?
D)	What thoughts have you had about how you would kill yourself?

5.	A nurse is with an adolescent who tells the nurse that she has nothing to live for and she just wishes she was dead. Which nursing action would be the priority?
A)	Going to the patients psychiatrist to tell him of the girls suicidal ideation
B)	Staying with the patient to explore more of her thoughts about suicide

C)	Putting the patient in seclusion with a staff assigned to watch her at all times
D)	Ascertaining the clients beliefs about what happens when you die

6.	The nurse is caring for a 30-year-old white man whose wife has recently died. The patient has been diagnosed with clinical depression and is demonstrating insufficient coping skills. Which action by the nurse would be most important?
A)	Refer the patient for long-term psychotherapy.
B)	Determine the patients risk of psychosis.
C)	Determine if anyone in the patients family has had depression.
D)	Ask the patient if he is thinking about killing himself.

7.	The nurse is providing a presentation for a group of health professionals about suicide. Which of the following would the nurse address as a major contributing factor to the rising suicide rate among men?
A)	Substance abuse
B)	Media influences
C)	Lack of conflict resolution skills
D)	Parenting practices

8.	A nurse has just completed a suicide risk assessment of a 76-year-old widowed man. In addition to documenting the presence or absence of suicidal thoughts, plan, and means, the nurse would also document which of the following?

A)	Use of substances 6 hours before the assessment
B)	Speech patterns
C)	Availability of support resources
D)	Amount of sleep in past 24 hours

9.	A patient was admitted to the psychiatric unit 3 days ago because of suicidal ideation. His suicidal risk has lessened considerably, and he currently denies having any desire to kill himself. In addition, he is able to identify reasons why he wants to be alive. Which nursing intervention would be most appropriate at this time?
A)	Assigning nursing staff to stay with him during his suicidal crisis
B)	Developing a personal plan for managing suicidal thoughts when they occur
C)	Advising the patient that he should consider electroconvulsive therapy treatments
D)	Administering psychotropic drugs that decrease the patients serotonin levels

10.	A nurse is presenting a discussion for a local community group about suicide. Which comment from an audience member indicates the need to clarify the information?
A)	Warning signs about the persons intention often occur.
B)	People who are suicidal are undecided about living or dying.
C)	Suicides more often occur during the holiday seasons.
D)	People who talk about suicide need to taken seriously.

11.	A group of nursing students is reviewing information about suicide and associated concepts. The group demonstrates understanding of the information when they identify which of the following as the probability that a person will successfully complete suicide?
A)	Parasuicide
B)	Suicidal ideation
C)	Suicidality
D)	Lethality

12.	After teaching a class about factors that enhance the risk of suicide, the instructor determines the need for additional teaching when the class identifies which of the following?
A)	Family member committing suicide
B)	Cautiousness
C)	Delusions
D)	Loss

13.	A nurse is reviewing the medical record of a patient who has attempted suicide. Which of the following would the nurse identify as relating to a psychological cause?
A)	History of childhood trauma
B)	Cluster B personality disorder
C)	Social isolation
D)	Suicide contagion

14.	A patient comes to the clinic for an evaluation of headache, fatigue, and an overall feelings of being down. When assessing the patient, which statement by the patient would alert the nurse to suspect possible suicide? Select all that apply.
A)	Ive been drinking about three or four more beers every night.
B)	Ive been going out with my friends about once or twice a week.
C)	Im so tired that all I ever want to do is sleep all the time.
D)	Most times, I feel like Im trapped with no way out.
E)	Im looking for a new job because my job is so stressful.

15.	The nurse determines that a patient is at imminent risk for suicide. Which of the following would be least appropriate to include in the patients plan of care?
A)	Listening intently and nonjudgmentally
B)	Validating the patients feelings and experience
C)	Instituting strict restriction on the patients activity
D)	Using cognitive interventions to foster hope

16.	A patient who has attempted suicide has an underlying diagnosis of depression. Which of the following would the nurse anticipate being ordered for the patient?
A)	Selective serotonin reuptake inhibitor
B)	Mood stabilizer
C)	Tricyclic antidepressant
D)	Atypical antipsychotic

17.	The nurse is working with a patient who will be signing a commitment to treatment statement. After teaching the patient about this statement, the nurse determines the need for additional instruction when the patient states which of the following?
A)	Signing this statement means that I will not commit suicide.
B)	I am agreeing to get emergency treatment if I have suicidal thoughts.
C)	I will be open and honest about my feelings about treatment.
D)	I am agreeing to participate in the necessary treatment for my condition

18.	A nurse is performing an assessment of a patient with suicidal ideation. Which question would the nurse most likely ask to determine the degree of planning?
A)	How seriously do you want to die?
B)	Have you attempted suicide before?
C)	Could you stop yourself from killing yourself?
D)	How much do the thoughts distress you?

19.	A nurse determines that a patient has poor social skills that have interfered with his ability to engage others, which has contributed to his feelings of purposelessness, hopelessness, and withdrawal. Which of the following would be most important to assist the patient in beginning to social skills?
A)	Self-help group
B)	Recovery group

C)	Nursepatient relationship
D)	Limit setting

20.	After teaching a group of students about the various concepts involving suicide, the instructor determines that the teaching was successful when the students describe parasuicide as which of the following?
A)	Voluntary act of killing oneself
B)	All suicide related behaviors and suicidal thoughts
C)	Nonfatal act with the intent to die
D)	Voluntary attempt without death as the aim

Answer Key

1.	C
2.	D
3.	C
4.	D
5.	B
6.	D
7.	A
8.	A
9.	B
10.	C
11.	D

12.	B
13.	B
14.	A, C, D
15.	C
16.	A
17.	A
18.	C
19.	C
20.	D

Chapter 17 Mental Health Care for Survivors of Violence

1.	The nurse is talking to a female client who is a survivor of intimate partner violence. The woman relates that her husband has been told that he has the characteristics of an antisocial personality disorder. The woman also informs the nurse that her husband has an extensive criminal record. The nurse interprets this information and suspects that the womans husband would most likely demonstrate which behavior?

A)	A risk for moderate to severe violence with people both within and outside his family
B)	Intermittent remorse for the violence and abuse that he commits
C)	Symptoms of depression along with harboring feelings of inadequacy
D)	Purposefully remain socially isolated from people other than those in his family

2.	The nurse is caring for a young adult in the mental health clinic. The client tells the nurse that he was physically neglected as a child. The nurse should assess the client for symptoms of which of the following?
A)	Major depression
B)	Schizophrenia
C)	Narcissistic personality disorder
D)	Panic disorder

3.	The emergency department nurse is assessing a female client with traumatic injuries. To assess whether or not the clients injuries have resulted from abuse, which question would be most appropriate for the nurse to ask the client?
A)	Is your partner being mean to you?
B)	Why do you think your husband has beaten you?
C)	It looks like someone has hurt you. Tell me about it.
D)	Can you describe the person who did this to you?

4.	A female client has been admitted to the inpatient psychiatric facility with a diagnosis of posttraumatic stress disorder after a history of violence by her boyfriend. During the initial assessment interview, which assessment would be the priority?
A)	Nutritional status
B)	Hydration status
C)	Sleep patterns
D)	Suicide risk

5.	The nurse is caring for a family in which the elderly mother has been a victim of abuse and neglect by her 48-year-old son. Which of the following would be most important for the nurse to keep in mind before interviewing the family?
A)	A top nursing priority will be to legally remove the son from the home.
B)	The main focus of the nurses actions should be on improving the elderly mothers self-esteem.
C)	The nurse must allow the elderly mother to decide if she wants to leave the situation or not.
D)	Placement for the elderly woman in a nursing home within the community is crucial.

6.	A nurse is working with a female client who is anticipating the possibility of leaving an abusive relationship. In helping the client make the decision to leave or to stay in the abusive situation, which of the following would be most important for the nurse to do?

A)	Ensure that the client can effectively describe the behaviors inherent in each phase of the cycle of domestic violence.
B)	Inform the client that if she leaves the abusive situation, there is a possibility her partner will attempt to murder her.
C)	Assist the client in finding a new apartment and a new job so she will be safe after she leaves her current situation.
D)	Suggest that the client legally change her name and move out of state so she will be safe from future harm.

7.	A nurse is conducting a public information seminar on the topic of rape and sexual assault at a local community center. Which of the following would the nurse include when describing power rapists?
A)	Committed by sadistic perpetrators who plan the rape before committing it to experience erotic enjoyment in response to the victims suffering
B)	Target very young or elderly victims, may involve extreme force, and often results in victim injury
C)	Are not planned ahead of time and result from the perpetrator being obsessed with uncontrollable sexual urges
D)	Target victims near the age of the perpetrators and involve minimal physical force and intimidation in controlling their victims

8.	The school nurse is aware that a student has requested aspirin three times during the past week because his back hurts. The nurse has noticed that he often wears long-sleeved sweaters and sweatshirts even in warm weather. The nurse suspects that the student may be the victim of physical abuse. The nurse is preparing to ask the child about his ongoing backache. Which of the following would the nurse anticipate being reported by the child if he was being abused?
A)	Explain that his father is beating him on a regular basis.
B)	Give a far-fetched explanation not logically connected to his injuries.
C)	Give the same reason his sister would give were she asked to explain his injuries.
D)	Carefully explain that his mother disciplines him because she loves him.

9.	A nurse is presenting a program to a church group about domestic violence. During the presentation, a member of the audience asks the nurse to explain what intergenerational transmission of violence means because he has seen that phrase used in the media. Which of the following responses by the nurse would be most appropriate?
A)	People who are violent are that way because of the various neurochemical imbalances in their brains.
B)	People who grow up in violent home situations tend to be involved in domestic violence situations as an adult.
C)	Recent research has identified a gene that is responsible for transmission of a risk for violent behavior that is passed on from generation to generation.

D)	Domestic violence seems to skip every other generation when it is traced in families.

10.	A group of nursing students is reviewing information about intimate partner violence (IPV). The group demonstrates understanding of this topic when they identify which of the following?
A)	Men are more likely to be seriously injured even though more women are typically victims.
B)	Men may not consider behaviors such as slapping or shoving as abuse.
C)	IPV in same-sex couples occurs less frequently as compared with heterosexual relationships.
D)	The reactions to IPV are similar in male and female victims.

11.	A nurse is assessing a survivor of intimate partner violence. During the interview, the nurse determines that the survivors partner is using power and control over the client through coercion and threats. Which client statement would lead the nurse to suspect this?
A)	He always tells me that the abuse never happened.
B)	He tells me who I can and cannot see.
C)	He tells me that hell tell child services Im a bad mother.
D)	He acts like hes the master of his castle and Im his servant.

12.	A nurse is preparing a presentation for an adolescent and young adult community group about stalking. Which group would the nurse identify as having the highest risk of being stalked?
A)	Boys and young men, ages 12 to 21 years
B)	Men, ages 24 to 28 years
C)	Girls and young women, ages 10 to 18 years
D)	Women, ages 18 to 24 years

13.	A group of nursing students is reviewing information about the types of abuse. The students demonstrate understanding of the information when they identify stalking as a crime of which of the following?
A)	Violence
B)	Intimidation
C)	Jealousy
D)	Fear

14.	A nurse is assessing a client who is a survivor of abuse. Which of the following would be most appropriate to use when conducting a lethality assessment?
A)	Danger Assessment Screen
B)	Abuse Assessment Screen
C)	Burgess-Partner Abuse Scale
D)	Beck Depression Inventory

15.	A nurse is interviewing a client who is a survivor of abuse. The client is telling the nurse about how the violence occurred. Which statement would the nurse interpret as reflecting phase 3 of the cycle of violence?
A)	He threw me against the wall and started punching my face.
B)	He yells at me for not having dinner waiting for him when he came home.
C)	He calls me stupid and incompetent, asking himself why he ever married me.
D)	He tells me that he is sorry and that he will never hit me again.

16.	A nurse is working with a client who is a survivor of violence on developing a safety plan. Which of the following would the nurse address first?
A)	Devising an escape route
B)	Recognizing the signs of danger
C)	Identifying a safe place to hide
D)	Identifying a signal to indicate it is safe to leave

17.	A guest lecturer from a treatment program for perpetrators of abuse is describing the program to a group of nursing students. The program uses cognitive behavioral techniques. Which of the following would the lecturer include as a focus of the program? Select all that apply.
A)	Identifying what the perpetrator thinks about before the incident
B)	Determining the perpetrators emotional and physical responses to the thoughts

C)	Exploring the perpetrators actions that eventually lead to violence
D)	Identifying the behaviors in the survivor that led to the violence
E)	Determining the extent of guilt or remorse experienced by the perpetrator

Answer Key

1.	A
2.	A
3.	C
4.	D
5.	C
6.	B
7.	D
8.	B
9.	B
10.	B
11.	C
12.	D
13.	B
14.	A

15.	D
16.	B
17.	A, B, C

Chapter 18 Anxiety Disorders

1.	The nurse is planning a presentation to a group of nursing students on the topic of anxiety disorders. Which of the following would the nurse include when describing panic disorder?
A)	Individuals may believe they are having a heart attack when a panic attack occurs.
B)	People with panic attacks often have fewer attacks if they also have agoraphobia.
C)	Typically, individuals experience this disorder after the age of 30 years.
D)	Persons rarely have an underlying comorbid condition of depression.

2.	A client comes to the emergency department because he thinks he is having a heart attack. Further assessment determines that the client is not having a heart attack but is having a panic attack. When beginning to interview the client, which question would be most appropriate for the nurse to use?
A)	Are you feeling much better now that you are lying down?

B)	What did you experience just before and during the attack?
C)	Do you think you will be able to drive home?
D)	What do you think caused you to feel this way?

3.	A client with a panic disorder has been prescribed a benzodiazepine medication. Which of the following would the nurse emphasize as a risk associated with using this medication?
A)	Dietary restrictions
B)	Withdrawal symptoms
C)	Agitation
D)	Fecal impaction

4.	A female client is diagnosed with panic disorder. The client tells the nurse that she hasnt left her house in more than a month because she was afraid of another attack. She visited the mental health clinic today only because her son brought her. Which nursing diagnosis would be a priority for this client?
A)	Powerlessness related to symptoms of anxiety
B)	Decisional Conflict related to fear of leaving the house
C)	Ineffective Family Coping related to symptoms of anxiety
D)	Social Isolation related to fear of recurrence of anxiety symptoms

5.	The nurse has instructed a client with panic disorder about how to use the technique of positive self-talk. The nurse determines that the client has understood the instructions when the client verbalizes which statement to use during an impending panic attack?
A)	I am feeling very nervous right now.
B)	I can handle this anxiety; it will be over shortly.
C)	I am taking medication to eliminate these symptoms.
D)	Relax your muscles, relax your muscles.

6.	A client who has been diagnosed with panic disorder visits the clinic and experiences a panic attack. The client tells the nurse, Im so nervous. My hands are shaking, and Im sweating. I feel as if Im having a stroke right now. Which of the following would the nurse do first?
A)	Stay with the client while remaining calm.
B)	Move the client to a safe environment.
C)	Tell the client that the attack will soon pass.
D)	Teach the client deep breathing techniques to calm her.

7.	A client with obsessive-compulsive disorder has been taking fluoxetine for 1 month. The client tells the nurse, These pills are making me sick. I think Im getting a brain tumor because of the headaches. Which response by the nurse would be most appropriate?
A)	Lets talk about how often you have been performing the rituals lately.
B)	Tell me how many times you have washed your hands today.

C)	Have you been practicing your deep breathing and relaxation exercises?
D)	These medications have side effects that can cause increased headaches.

8.	A nurse who has worked with a client diagnosed with generalized anxiety disorder (GAD) when he was an inpatient on the psychiatric unit sees the client in the waiting room of the outpatient psychiatric clinic. The client motions to the nurse to come over so he can tell the nurse how things have been going since he was discharged. While talking with the client, the nurse determines that the clients therapy has been effective when the client states which of the following?
A)	I am still experiencing quite a bit of stress at home and at work; things are different at home than they were in the hospital.
B)	When my mother-in-law comes over now, I go out to my workshop and work on one of my projects.
C)	Im still drinking coffee; I cant quit after drinking it all these years.
D)	Ive learned having a beer after I get home from work helps me relax.

9.	The nurse is caring for a client who is being treated in the emergency department for a panic attack. Which of the following nursing interventions would be most appropriate?
A)	Demonstrate empathy for the client by trying to mimic the clients state of anxiety.
B)	Tell the client that you must leave to go report his symptoms to the psychiatrist on duty.

C)	Tell the client this is an acute exacerbation with a positive prognosis and low morbidity.
D)	Stay with the client, emphasizing that he is safe and that you will remain with him.

10.	A nurse determines that a client who is experiencing anxiety is using relief behaviors. The nurse determines that the client is experiencing which degree of anxiety?
A)	Mild
B)	Moderate
C)	Severe
D)	Panic

11.	A group of students is reviewing information about anxiety disorders in preparation for a class examination. The students demonstrate understanding of the material when they state which of the following?
A)	Anxiety disorders rank second to depression in psychiatric illnesses being treated.
B)	Women experience anxiety disorders more often than do men.
C)	Most anxiety disorders tend to be short term with individuals achieving full recovery.
D)	Anxiety disorders are more common in children than in adolescents.

12.	While interviewing a client, the client reports an intense fear of spiders, stating, I cant be near them. I get so upset. I start to sweat and hyperventilate if I see one. The nurse documents this finding as which of the following?

A)	Algophobia
B)	Entomophobia
C)	Arachnophobia
D)	Cynophobia

13.	After teaching a class about the biochemical theories associated with panic disorder, the instructor determines a need for additional teaching when the students identify which neurotransmitter as being implicated?
A)	Dopamine
B)	Serotonin
C)	Norepinephrine
D)	Gamma-aminobutyric acid (GABA)

14.	A nurse is preparing an in-service presentation about panic disorders and associated theories related to the cause. When describing the cognitivebehavioral concepts associated with panic disorders, which of the following would the nurse expect to address?
A)	Personal losses
B)	Conditioned response
C)	Early separation
D)	Dysfunctional family communication

15.	A nurse is developing the plan of care for a client with panic disorder that will include pharmacologic therapy. Which of the following would the nurse most likely expect to administer?
A)	Benzodiazepine

B)	Selective serotonin reuptake inhibitor (SSRI)
C)	Monoamine oxidase inhibitor (MAOI)
D)	Tricyclic antidepressant (TCA)

16.	A client with panic disorder who has been prescribed sertraline in conjunction with alprazolam comes to the clinic for a follow-up. The client states, I stopped taking the alprazolam about 2 days ago. I was feeling really sleepy and tired. Which of the following would alert the nurse to suspect possible withdrawal? Select all that apply.
A)	Metallic taste
B)	Irritability
C)	Dry, flushed skin
D)	Tremor
E)	Muscle flaccidity

17.	A client with obsessive-compulsive disorder (OCD) is using cue cards to help restructure thought patterns. Which statements would be appropriate to include on a cue card? Select all that apply.
A)	These are the OCD thoughts.
B)	Trust myself.
C)	Keep on checking.
D)	Safety is the key.
E)	I did it right the first time.

18.	A client is diagnosed with obsessive-compulsive disorder (OCD) and is to receive medication therapy. Which of the following agents might the nurse expect to be prescribed? Select all that apply.
A)	Clomipramine
B)	Lithium
C)	Sertraline
D)	Fluvoxamine
E)	Paroxetine
F)	Alprazolam

19.	A woman diagnosed with obsessive-compulsive disorder comes to the clinic with her husband. During the visit, the husband states, Shes always checking and rechecking to make sure that all of the appliances are turned off before we go out. Its nerve-wracking. We can never get out of the house on time. Isnt checking once enough? An understanding of which of the following would the nurse need to incorporate into the response?
A)	The client is attempting to exert control over the situation.
B)	The client performs the ritual to relieve anxiety temporarily.
C)	The womans behavior reflects a need for safety.
D)	The woman is attempting to use thought stopping to decrease her behavior.

20.	A group of students is reviewing information about the etiology of generalized anxiety disorder (GAD). The students demonstrate understanding of this information when they identify which of the following as representing the psychoanalytic theory for this disorder?
A)	Inaccurate environmental danger assessment
B)	Exposure to multiple stressful life events
C)	Kindling caused by overstimulation
D)	Unresolved unconscious conflicts

21.	A nurse is developing a teaching plan for a client with generalized anxiety disorder, focusing on nutrition. Which of the following would the nurse encourage the client to avoid? Select all that apply.
A)	Coffee
B)	Ginseng
C)	Milk products
D)	Citrus juices
E)	Aged cheese

22.	The nurse is assessing a client with posttraumatic stress disorder (PTSD). Which of the following would the nurse categorize as reflecting intrusion? Select all that apply.
A)	Irritability
B)	Difficulty sleeping
C)	Flashbacks
D)	Short-term memory deficits
E)	Dissociation

23.	A group of students is reviewing information about social phobia in preparation for an oral class presentation on this topic. Which of the following would the students expect to include when describing a person with this condition? Select all that apply.
A)	Fear that others will judge them negatively
B)	Openly speak up in crowds to reduce fear
C)	Are insensitive to others criticism
D)	Demonstrate a distorted view of their own strengths
E)	Exaggerate personal flaws

24.	A group of students is reviewing the signs and symptoms associated with anxiety. The students demonstrate an understanding of the information when they identify which of the following as cognitive symptoms? Select all that apply.
A)	Edginess
B)	Feelings of unreality
C)	Difficulty concentrating
D)	Tunnel vision
E)	Apprehensiveness
F)	Speech dysfluency

25.	A client is diagnosed with generalized anxiety disorder and is prescribed medication therapy. Which agent would the nurse expect to administer to the client to obtain the quickest relief from anxiety symptoms?
A)	Buspirone
B)	Venlafaxine

C)	Alprazolam
D)	Imipramine

Answer Key

1.	A
2.	B
3.	B
4.	D
5.	B
6.	A
7.	D
8.	B
9.	D
10.	C
11.	B
12.	C
13.	A
14.	B
15.	B
16.	A, B, D

17.	A, B, E
18.	A, C, D, E
19.	B
20.	D
21.	A, B
22.	C, D
23.	A, D, E
24.	B, C, D
25.	C

Chapter 19 Trauma- and Stressor-Related Disorders

1.	A nurse is performing an assessment interview with a patient. The patient tells the nurse that he has a type A personality. Based on the nurses interpretation, the nurse would expect which behavior by the patient?
A)	Appearing relaxed and easygoing throughout the interview
B)	Wanting the interview to be over as quickly as possible

C)	Being pleased with the overall pace of the interview
D)	Speaking slowly, requiring time to consider his answers

2.	A nurse is assessing a patient and the patients social networks. When evaluating this area, the nurse integrates knowledge that which of the following is an important component?
A)	Blood relationships
B)	Bonding with one another
C)	Reciprocity
D)	Emotional support

3.	A patient visits the clinic and tells the nurse about being under a great deal of stress on the job for the past month. Applying the factors that determine the stress response, which question would be most appropriate for the nurse to ask?
A)	What effect is the stress having on your job performance?
B)	How would you describe the social network within your family?
C)	What is the specific event that you find most stressful?
D)	When did you first become aware of experiencing this stress?

4.	The nurse is caring for a patient with chronic stress for the past month because of job loss and financial difficulties. When evaluating the patients assessment findings, the nurse would anticipate finding an elevated antibody titer to which of the following?
A)	Herpes simplex viruses
B)	Herpes zoster viruses
C)	Acquired immune deficiency viruses
D)	Influenza viruses

5.	The nurse is caring for a patient who has been under severe stress while caring for her elderly mother who is in the advanced stages of Alzheimers disease. The nurse explains that the patient is adapting to the stress is she is experiencing because of which of the following?
A)	Ability to survive in the midst of severe stress
B)	Acceptance of others help in caring for her mother
C)	Success at being able to solve problems
D)	Capability in setting reasonable personal goals

6.	The nurse is preparing to care for a patient under severe stress resulting from caring for her elderly aunt diagnosed with leukemia. When assessing the patients psychological domain, which question would the nurse ask first?
A)	Lets talk about what you have been feeling.
B)	Tell me about your depressed moods.
C)	How long have you been caring for your aunt?
D)	Are you feeling overwhelmed by caring for your aunt?

7.	A patient has come to the clinic to discuss the stress she is experiencing because of failing two exams at school. Initially, she described her failures as the worst thing that has ever happened to me, and she stated, There is absolutely nothing I can do to pass this course now. In response to the nurses questions, the nurse finds out there are three more equally weighted exams scheduled for the course in question. The nurse and patient collaborate and decide to use interventions to facilitate emotion-focused coping. Which additional comment from the patient would the nurse identify as providing support for this decision?
A)	Youve got to figure out something for me to do to get me out of this situation!
B)	This is a waste of time because absolutely nothing you or I can do will make it any better.
C)	I overreacted; surely together we can figure out something for me to do.
D)	This is the worst thing that could ever happen to me. Im nothing but a failure.

8.	A nurse is reviewing the assessment findings of several patients. Which patient would the nurse identify as having a type D personality?
A)	A man who threatens the receptionist in the emergency department with bodily harm if a doctor does not see him right away
B)	A woman who sits quietly reading in a waiting room before seeing her doctor for her annual physical examination
C)	A quiet teen who drinks a six pack of beer against his better judgment because of peer pressure

D)	A man who reacts negatively to almost everything but never discusses his feelings with anyone

9.	A patient is talking to the nurse about her friendship with another person. She comments, That person is always there for me, and I am always there for her. We help each other out; sometimes shes helping me, and sometimes I am helping her. The nurse interprets the patients statements about her social network as reflecting which of the following?
A)	Denseness
B)	Reciprocity
C)	Social support
D)	Constraints

10.	After interviewing a patient about social supports, the nurse determines that the patient is experiencing emotional support from these social supports based on which statement?
A)	Im glad I have someone that I can talk to.
B)	The person who cut my lawn was great!
C)	I received a small community grant for groceries.
D)	The senior center gave me a booklet about my medications.

11.	A nurse is assessing a patient and uses the Recent Life Changes Questionnaire as part of the assessment. The nurse determines that the patient has experienced major life crisis with which score on the questionnaire?
A)	150

B)	250
C)	350
D)	450

12.	A group of students are reviewing the events associated with the fight-or-flight response. They demonstrate understanding of the information when they identify which of the following results from sympathetic nervous stimulation?
A)	Hypoglycemia
B)	Tachycardia
C)	Hypotension
D)	Hypercoagulability

13.	During an interview, a patient states, I feel so guilty, and Im so ashamed of what I did. The nurse interprets this as which of the following?
A)	Negative emotion
B)	Positive emotion
C)	Borderline emotion
D)	Nonemotion

14.	A group of nursing students is reviewing information about emotional responses to stress and the themes associated with them. The students demonstrate understanding of the information when they identify which emotion as associated with being moved by anothers suffering and wanting to help?
A)	Relief

B)	Hope
C)	Compassion
D)	Love

15.	A nurse has completed an assessment of a patient who is experiencing significant stress. The assessment revealed intense anger and acting out behaviors along with statements of negative emotions. Which nursing diagnosis would be most appropriate?
A)	Disturbed though processes
B)	Low self-esteem
C)	Hopelessness
D)	Ineffective coping

16.	A nurse is conducting an assessment of a patients social network. Which of the following would the nurse assess? Select all that apply.
A)	How big is your network of contacts?
B)	What benefits do you receive from these people?
C)	Who is responsible for providing the support?
D)	Do any of the members know one another?
E)	What services do you think might be helpful?

17.	After teaching a group of students about appraisal and the stress response, the instructor determines that additional teaching is needed when the students identify which of the following as part of the primary appraisal?
A)	Relevance of the goal
B)	Consistency of goal with values

C)	Personal commitment
D)	Outcome explanation

18.	While leading a student class presentation about general adaptation syndrome and its stages, which of the following would the student describe as the final stage?
A)	Perception of a threat
B)	Use of coping mechanisms
C)	Physiologic response
D)	Exhaustion

19.	When describing the concept of allostatic load to a group of students, which of the following would the instructor identify as abnormalities of which of the following as indicative of the overall changes?
A)	Nuclear imaging studies
B)	Laboratory test results
C)	Bone radiographs
D)	Cardiac studies

20.	A nurse is providing an in-service presentation on coping and adaptation. Which of the following would the nurse most likely include? Select all that apply.
A)	Most coping strategies are similar in their approach.
B)	Coping when effective leads to adaptation.
C)	Reappraisal occurs simultaneously with coping.
D)	The same coping strategy is used in each situation.

E)	Coping is a deliberate and planned effort to mange stress.

Answer Key

1.	B
2.	C
3.	A
4.	A
5.	A
6.	A
7.	C
8.	D
9.	B
10.	A
11.	D
12.	B
13.	A
14.	C
15.	D
16.	A, B, C, D

17.	D
18.	D
19.	B
20.	B, E

Chapter 20 Obsessive–Compulsive and Related Disorders

1. A nursing instructor is teaching about specific phobias. Which student statement should indicate that learning has occurred?

A. These clients do not recognize that their fear is excessive, and they rarely seek treatment.

B. These clients have overwhelming symptoms of panic when exposed to the phobic stimulus.

C. These clients experience symptoms that mirror a cerebrovascular accident (CVA).

D. These clients experience the symptoms of tachycardia, dysphagia, and diaphoresis.

ANS: B

The nursing instructor should evaluate that learning has occurred when the student knows that clients experiencing phobias have a panic level of fear that is overwhelming and unreasonable. Phobia is fear cued by a specific object or situation in which exposure to the stimulus produces an immediate anxiety response.

KEY: Cognitive Level: Application | Integrated Processes: Nursing

Process: Evaluation | Client Need: Psychosocial Integrity

2. A client has a history of excessive fear of water. What is the term that a nurse should use to describe this specific phobia, and under what subtype is this phobia identified?

A. Aquaphobia, a natural environment type of phobia

B. Aquaphobia, a situational type of phobia

C. Acrophobia, a natural environment type of phobia

D. Acrophobia, a situational type of phobia

ANS: A

The nurse should determine that an excessive fear of water is identified as aquaphobia, which is a natural environment type of phobia. Natural environmenttype phobias are fears about objects or situations that occur in the natural environment, such as a fear of heights or storms.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Assessment | Client Need: Psychosocial Integrity

3. How would a nurse differentiate a client diagnosed with a social phobia from a client diagnosed with a schizoid personality disorder (SPD)?

A. Clients diagnosed with social phobia can manage anxiety without medications, whereas clients diagnosed with SPD can manage anxiety only with medications.

B. Clients diagnosed with SPD are distressed by the symptoms experienced in social settings, whereas clients diagnosed with social phobia are not.

C. Clients diagnosed with social phobia avoid interactions only in social settings, whereas clients diagnosed with SPD avoid interactions in all areas of life.

D. Clients diagnosed with SPD avoid interactions only in social settings, whereas clients diagnosed with social phobias tend to avoid interactions in all areas of life.

ANS: C

Clients diagnosed with social phobia avoid interactions only in social settings, whereas clients diagnosed with SPD avoid interactions in all areas of life. Social phobia is an excessive fear of situations in which a person might do something embarrassing or be evaluated negatively by others.

KEY: Cognitive Level: Analysis | Integrated Processes: Nursing Process: Assessment | Client Need: Psychosocial Integrity

4. How would a nurse differentiate a client diagnosed with panic disorder from a client diagnosed with generalized anxiety disorder (GAD)?

A. GAD is acute in nature, and panic disorder is chronic.

B. Chest pain is a common GAD symptom, whereas this symptom is absent in panic disorders.

C. Hyperventilation is a common symptom in GAD and rare in panic disorder.

D. Depersonalization is commonly seen in panic disorder and absent in GAD.

ANS: D

The nurse should recognize that a client diagnosed with panic disorder experiences depersonalization, whereas a client diagnosed with GAD would not. Depersonalization refers to being detached from oneself when experiencing extreme anxiety.

KEY: Cognitive Level: Analysis | Integrated Processes: Nursing Process: Assessment | Client Need: Psychosocial Integrity

5. Which treatment should a nurse identify as most appropriate for clients diagnosed with generalized anxiety disorder (GAD)?

A. Long-term treatment with diazepam (Valium)

B. Acute symptom control with citalopram (Celexa)

C. Long-term treatment with buspirone (BuSpar)

D. Acute symptom control with ziprasidone (Geodon)

ANS: C

The nurse should identify that an appropriate treatment for clients diagnosed with GAD is long-term treatment with buspirone. Buspirone is an anxiolytic medication that is effective in 60% to 80% of clients with GAD. It takes 10 to 14 days for alleviation of symptoms but does not have the dependency concerns of other anxiolytics.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Implementation | Client Need: Physiological Integrity: Pharmacological and Parenteral Therapies

6. A client refuses to go on a cruise to the Bahamas with his spouse because of fearing that the cruise ship will sink and all will drown. Using a cognitive theory perspective, the nurse should use which of these statements to explain to the spouse the etiology of this fear?

A. Your spouse may be unable to resolve internal conflicts, which result in projected anxiety.

B. Your spouse may be experiencing a distorted and unrealistic appraisal of the situation.

C. Your spouse may have a genetic predisposition to overreacting to potential danger.

D. Your spouse may have high levels of brain chemicals that may distort thinking.

ANS: B

The nurse should explain that from a cognitive perspective the client is experiencing a distorted and unrealistic appraisal of the situation. From a cognitive perspective, fear is described as the result of faulty cognitions.

KEY: Cognitive Level: Analysis | Integrated Processes: Nursing Process: Implementation | Client Need: Psychosocial Integrity

7. Arthur, who is diagnosed with obsessive-compulsive disorder, reports to the nurse that he cant stop thinking about all the potentially life threatening germs in the environment. What is the most accurate way for the nurse to document this symptom?

A. Patient is expressing an obsession with germs.

B. Patient is manifesting compulsive thinking.

C. Patient is expressing delusional thinking about germs.

D. Patient is manifesting arachnophobia of germs.

ANS: A

Obsessions are unwanted, intrusive, repetitive thoughts. Compulsions are unwanted, repetitive behavior patterns in response to obsessive thoughts that are efforts to reduce anxiety.

KEY: Cognitive Level: Analysis | Integrated Processes: Communication and Documentation | Client Need: Psychosocial Integrity

8. A cab driver stuck in traffic is suddenly lightheaded, tremulous, and diaphoretic and experiences tachycardia and dyspnea. An extensive workup in an emergency department reveals no pathology. Which medical diagnosis is suspected, and what nursing diagnosis takes priority?

A. Generalized anxiety disorder and a nursing diagnosis of fear

B. Altered sensory perception and a nursing diagnosis of panic disorder

C. Pain disorder and a nursing diagnosis of altered role performance

D. Panic disorder and a nursing diagnosis of panic anxiety

ANS: D

The nurse should suspect that the client has exhibited signs/symptoms of a panic disorder. The priority nursing diagnosis should be panic anxiety. Panic disorder is characterized by recurrent, sudden-onset panic attacks in which the person feels intense fear, apprehension, or terror.

KEY: Cognitive Level: Analysis | Integrated Processes: Nursing Process: Analysis | Client Need: Psychosocial Integrity

9. A client diagnosed with panic disorder states, When an attack happens, I feel like I am going to die. Which is the most appropriate nursing reply?

A. I know its frightening, but try to remind yourself that this will only last a short time.

B. Death from a panic attack happens so infrequently that there is no need to worry.

C. Most people who experience panic attacks have feelings of impending doom.

D. Tell me why you think you are going to die every time you have a panic attack.

ANS: A

The most appropriate nursing reply to the clients concerns is to empathize with the client and provide encouragement that panic attacks last only a short period. Panic attacks usually last minutes but can, rarely, last hours. Symptoms of depression are also common with this disorder.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Implementation | Client Need: Psychosocial Integrity

10. A nursing instructor is teaching about the medications used to treat panic disorder. Which student statement indicates that learning has occurred?

A. Clonazepam (Klonopin) is particularly effective in the treatment of panic disorder.

B. Clozapine (Clozaril) is used off-label in long-term treatment of panic disorder.

C. Doxepin (Sinequan) can be used in low doses to relieve symptoms of panic attacks.

D. Buspirone (BuSpar) is used for its immediate effect to lower anxiety during panic attacks.

ANS: A

The student indicates learning has occurred when he or she states that clonazepam is a particularly effective treatment for panic disorder. Clonazepam is a type of benzodiazepine that can be abused and lead to physical dependence and tolerance. It can be used on an as-needed basis to reduce anxiety and its related symptoms.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Evaluation | Client Need: Physiological Integrity: Pharmacological and Parenteral Therapies

11. A family member is seeking advice about an elderly parent who seems to worry unnecessarily about everything. The family member states, Should I seek psychiatric help for my mother? Which is an appropriate nursing reply?

A. My mother also worries unnecessarily. I think it is part of the aging process.

B. Anxiety is considered abnormal when it is out of proportion to the stimulus causing it and when it impairs functioning.

C. From what you have told me, you should get her to a psychiatrist as soon as possible.

D. Anxiety is a complex phenomenon and is effectively treated only with psychotropic medications.

ANS: B

The most appropriate reply by the nurse is to explain to the family member that anxiety is considered abnormal when it is out of proportion and impairs functioning. Anxiety is a normal reaction to a realistic danger or threat to biological integrity or self-concept.

KEY: Cognitive Level: Application | Integrated Processes: Teaching/ Learning | Client Need: Psychosocial Integrity

12. A client is experiencing a severe panic attack. Which nursing intervention would meet this clients immediate need?

A. Teach deep breathing relaxation exercises

B. Place the client in a Trendelenburg position

C. Stay with the client and offer reassurance of safety

D. Administer the ordered prn buspirone (BuSpar)

ANS: C

The nurse can meet this clients immediate need by staying with the client and offering reassurance of safety and security. The client may fear for his or her life, and the presence of a trusted individual provides assurance of personal safety.

KEY: Cognitive Level: Application | Integrated Processes: Implementation | Client Need: Psychosocial Integrity

13. A college student is unable to take a final examination because of severe test anxiety. Instead of studying, the student relieves stress by attending a movie. Which priority nursing diagnosis should a campus nurse assign for this client?

A. Noncompliance R/T test taking

B. Ineffective role performance R/T helplessness

C. Altered coping R/T anxiety

D. Powerlessness R/T fear

ANS: C

The priority nursing diagnosis for this client is altered coping R/T anxiety. The nurse should assist in implementing interventions that should improve the clients healthy coping skills and reduce anxiety.

KEY: Cognitive Level: Analysis | Integrated Processes: Nursing Process: Analysis | Client Need: Psychosocial Integrity

14. A client living on the beachfront seeks help with an extreme fear of crossing bridges, which interferes with daily life. A psychiatric nurse practitioner decides to try systematic desensitization. Which explanation of this therapy should the nurse convey to the client?

A. Using your imagination, we will attempt to achieve a state of relaxation that you can replicate when faced with crossing a bridge.

B. Because anxiety and relaxation are mutually exclusive states, we can attempt to substitute a relaxation response for the anxiety response.

C. Through a series of increasingly anxiety-provoking steps, we will gradually increase your tolerance to anxiety.

D. In one intense session, you will be exposed to a maximum level of anxiety that you will learn to tolerate.

ANS: C

The nurse should explain to the client that systematic desensitization exposes the client to a series of increasingly anxiety-provoking steps that will gradually increase anxiety tolerance. Systematic desensitization was introduced by Joseph Wolpe in 1958 and is based on behavioral conditioning principles.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Implementation | Client Need: Psychosocial Integrity

15. A client diagnosed with obsessive-compulsive disorder is admitted to a psychiatric unit. The client has an elaborate routine for toileting activities. Which would be an appropriate initial client outcome during the first week of hospitalization?

A. The client will refrain from ritualistic behaviors during daylight hours.

B. The client will wake early enough to complete rituals prior to breakfast.

C. The client will participate in three unit activities by day 3.

D. The client will substitute a productive activity for rituals by day 1.

ANS: B

An appropriate initial client outcome is for the client to wake early enough to complete rituals prior to breakfast. The nurse should also provide a structured schedule of activities and later in treatment begin to gradually limit the time allowed for rituals.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Planning | Client Need: Psychosocial Integrity

16. A nurse is providing discharge teaching to a client taking a benzodiazepine. Which client statement would indicate a need for further follow-up instructions?

A. I will need scheduled bloodwork in order to monitor for toxic levels of this drug.

B. I wont stop taking this medication abruptly, because there could be serious complications.

C. I will not drink alcohol while taking this medication.

D. I wont take extra doses of this drug because I can become addicted.

ANS: A

The client indicates a need for additional information about taking benzodiazepines when stating the need for blood work to monitor for toxic levels. No blood work is needed when taking a short-acting benzodiazepine. The client should understand that taking extra doses of a benzodiazepine may result in addiction and that the drug should not be taken in conjunction with alcohol.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Evaluation | Client Need: Physiological Integrity: Pharmacological and Parenteral Therapies

17. A client diagnosed with an obsessive-compulsive disorder spends hours bathing and grooming. During a one-on-one interaction, the client discusses the rituals in detail but avoids any feelings that the rituals generate. Which defense mechanism should the nurse identify?

A. Sublimation

B. Dissociation

C. Rationalization

D. Intellectualization

ANS: D

The nurse should identify that the client is using the defense mechanism of intellectualization when discussing the rituals of obsessive-

compulsive disorder in detail while avoiding discussion of feelings. Intellectualization is an attempt to avoid expressing emotions associated with a stressful situation by using the intellectual processes of logic, reasoning, and analysis.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Assessment | Client Need: Psychosocial Integrity

18. A client is newly diagnosed with obsessive-compulsive disorder and spends 45 minutes folding clothes and rearranging them in drawers. Which nursing intervention would best address this clients problem?

A. Distract the client with other activities whenever ritual behaviors begin.

B. Report the behavior to the psychiatrist to obtain an order for medication dosage increase.

C. Lock the room to discourage ritualistic behavior.

D. Discuss the anxiety-provoking triggers that precipitate the ritualistic behaviors.

ANS: D

The nurse should discuss with the client the anxiety-provoking triggers that precipitate the ritualistic behavior. If the client is going to be able to avoid the anxiety, he or she must first learn to recognize precipitating factors. Attempting to distract the client, seeking medication increase, and locking the clients room are not appropriate interventions because they do not help the client recognize anxiety triggers.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Implementation | Client Need: Psychosocial Integrity

19. A nursing student questions an instructor regarding the order for fluvoxamine (Luvox), 300 mg daily, for a client diagnosed with obsessive-compulsive disorder (OCD). Which instructor reply is most

accurate?

A. High doses of tricyclic medications will be required for effective treatment of OCD.

B. Selective serotonin reuptake inhibitor (SSRI) doses, in excess of what is effective for treating depression, may be required for OCD.

C. The dose of Luvox is low due to the side effect of daytime drowsiness and nighttime insomnia.

D. The dosage of Luvox is outside the therapeutic range and needs to be questioned.

ANS: B

The most accurate instructor response is that SSRI doses in excess of what is effective for treating depression may be required in the treatment of OCD. SSRIs have been approved by the U.S. Food and Drug Administration for the treatment of OCD. Common side effects include headache, sleep disturbances, and restlessness.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Implementation | Client Need: Physiological Integrity: Pharmacological and Parenteral Therapies

20. A client presents in the emergency department with complaints of overwhelming anxiety. Which of the following is a priority for the nurse to assess?

A. Risk for suicide

B. Cardiac status

C. Current stressors

D. Substance use history

ANS: B

Although all of the listed aspects of assessment are important, the priority is to evaluate cardiac status since a person having an MI, CHF, or mitral valve prolapse can present with symptoms of anxiety.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Planning | Client Need: Safe and Effective Care Environment: Management of Care

21. A client is prescribed alprazolam (Xanax) for acute anxiety. What client history should cause a nurse to question this order?

A. History of alcohol dependence

B. History of personality disorder

C. History of schizophrenia

D. History of hypertension

ANS: A

The nurse should question a prescription of alprazolam (Xanax) for acute anxiety if the client has a history of alcohol dependence. Alprazolam is a benzodiazepine used in the treatment of anxiety and has an increased risk for physiological dependence and tolerance. A client with a history of substance abuse may be more likely to abuse other addictive substances and/or combine this drug with alcohol.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Evaluation | Client Need: Psychosocial Integrity

22. Warrens college roommate actively resists going out with friends whenever they invite him. He says he cant stand to be around other people and confides to Warren They wouldnt like me anyway. Which disorder is Warrens roommate likely suffering from?

A. Agoraphobia

B. Mysophobia

C. Social anxiety disorder (social phobia)

D. Panic disorder

ANS: C

Social anxiety disorder is an excessive fear of social situations R/T fear that one might do something embarrassing or be evaluated negatively by others.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Assessment | Client Need: Psychosocial Integrity

23. A client has the following symptoms: preoccupation with imagined defect, verbalizations that are out of proportion to actual physical abnormalities, and numerous visits to plastic surgeons to seek relief. Which nursing diagnosis would best describe the problems evidenced by these symptoms?

A. Ineffective coping

B. Disturbed body image

C. Complicated grieving

D. Panic anxiety

ANS: B

The symptoms presented describe the DSM-5 diagnosis of body dysmorphic disorder, and the related nursing diagnosis is disturbed body image.

KEY: Cognitive Level: Analysis | Integrated Processes: Nursing Process: Analysis | Client Need: Psychosocial Integrity

24. How should a nurse best describe the major maladaptive client response to panic disorder?

A. Clients overuse medical care because of physical symptoms.

B. Clients use illegal drugs to ease symptoms.

C. Clients perceive having no control over life situations.

D. Clients develop compulsions to deal with anxiety.

ANS: C

The major maladaptive client response to panic disorder is the perception of having no control over life situations, which leads to nonparticipation in decision making and doubts regarding role performance.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Assessment | Client Need: Psychosocial Integrity

25. A client diagnosed with generalized anxiety states, I know the best thing for me to do now is to just forget my worries. How should the nurse evaluate this statement?

A. The client is developing insight.

B. The clients coping skills are improving.

C. The client has a distorted perception of problem resolution.

D. The client is meeting outcomes and moving toward discharge.

ANS: C

This client has a distorted perception of how to deal with the problem of anxiety. Clients should be encouraged to openly deal with anxiety and recognize the triggers that precipitate anxiety responses.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Assessment | Client Need: Psychosocial Integrity

26. A client is taking chlordiazepoxide (Librium) for generalized anxiety disorder symptoms. In which situation should a nurse recognize that this client is at greatest risk for drug overdose?

A. When the client has a knowledge deficit related to the effects of the drug

B. When the client combines the drug with alcohol

C. When the client takes the drug on an empty stomach

D. When the client fails to follow dietary restrictions

ANS: B

Both Librium and alcohol are central nervous system depressants. In combination, these drugs have an additive effect and can suppress the respiratory system, leading to respiratory arrest and death.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Evaluation | Client Need: Physiological Integrity: Pharmacological and Parenteral Therapies

Multiple Response

27. A college student has been diagnosed with generalized anxiety disorder (GAD). Which of the following symptoms should a campus nurse expect this client to exhibit? Select all that apply.

A. Fatigue

B. Anorexia

C. Hyperventilation

D. Insomnia

E. Irritability

ANS: A, D, E

The nurse should expect that a client diagnosed with GAD would experience fatigue, insomnia, and irritability. GAD is characterized by chronic, unrealistic, and excessive anxiety and worry.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Assessment | Client Need: Psychosocial Integrity

28. A nurse is discussing treatment options with a client whose life has been negatively impacted by claustrophobia. The nurse would expect which of the following behavioral therapies to be most commonly used in the treatment of phobias? Select all that apply.

A. Benzodiazepine therapy

B. Systematic desensitization

C. Imploding (flooding)

D. Assertiveness training

E. Aversion therapy

ANS: B, C

The nurse should explain to the client that systematic desensitization and imploding are the most commonly used behavioral therapies in the treatment of phobias. Systematic desensitization involves the gradual exposure of the client to anxiety-provoking stimuli. Imploding is the intervention used in which the client is exposed to extremely frightening stimuli for prolonged periods of time.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Implementation | Client Need: Psychosocial Integrity

29. A nurse has been caring for a client diagnosed with generalized anxiety disorder (GAD). Which of the following nursing interventions would address this clients symptoms? Select all that apply.

A. Encourage the client to recognize the signs of escalating anxiety.

B. Encourage the client to avoid any situation that causes stress.

C. Encourage the client to employ newly learned relaxation techniques.

D. Encourage the client to cognitively reframe thoughts about situations that generate anxiety.

E. Encourage the client to avoid caffeinated products.

ANS: A, C, D, E

Nursing interventions that address GAD symptoms should include encouraging the client to recognize signs of escalating anxiety, to employ relaxation techniques, to cognitively reframe thoughts about anxiety-provoking situations, and to avoid caffeinated products. Avoiding situations that cause stress is not an appropriate intervention, because avoidance does not help the client overcome anxiety. Stress is a component of life and is not easily evaded.

KEY: Cognitive Level: Application | Integrated Processes: Nursing Process: Implementation | Client Need: Psychosocial Integrity

30. A client who has been diagnosed with a phobic disorder asks the nurse if there are any medications that would be beneficial in treating phobic disorders. Which of the following would be accurate responses by the nurse? Select all that apply.

A. Some antianxiety agents have been successful in treating social phobias.

B. Some antidepressant agents have been successful in diminishing symptoms of agoraphobia and social anxiety disorder (social phobia).

C. Specific phobias are generally not treated with medication unless accompanied by panic attacks.

D. Beta-blockers have been used successfully to treat phobic responses to public performance.

ANS: A, B, C, D

All of the listed pharmacological treatments are evidence-based treatments for phobic disorders.

Chapter 21 Depression

1.	The nurse makes a home visit to a client who has dysthymic disorder. Which of the following would the nurse expect to assess?
A)	Low energy
B)	Intense concentration
C)	Agitation
D)	Normal appetite

2.	A client has been diagnosed with major depression. The client reports that he often wakes up during the night and has trouble returning to sleep. The nurse interprets this finding as suggesting which of the following?
A)	Initial insomnia
B)	Terminal insomnia
C)	Hypersomnia
D)	Middle insomnia

3.	The nurse is caring for a client in the outpatient setting who has been diagnosed with a depressive disorder. Before the client is given a prescription for a tricyclic antidepressant, assessment for which of the following would be most important?
A)	Suicide
B)	Hypersomnia

C)	Cardiac arrhythmia
D)	Erectile dysfunction

4.	A client diagnosed with major depression was prescribed imipramine (Tofranil) and has been taking this medication for 1 week. The client took his last dose of imipramine (Tofranil) at 9:00 PM. The client is scheduled to have blood drawn to monitor the medication level the next morning. The nurse should instruct the client to have his blood drawn as close as possible to which time?
A)	6:00 AM
B)	7:00 AM
C)	8:00 AM
D)	9:00 AM

5.	The nurse is caring for a client with major depression. The client tells the nurse that she just isnt sure that life is worth living. The nurse documents which nursing diagnosis as the priority?
A)	Self-esteem, Low, related to depressive episode
B)	Hopelessness related to symptoms of depression
C)	Anxiety related to lack of energy for self-care activities
D)	Thought Processes, Disturbed, related to memory loss and depression

6.	A client is prescribed phenelzine (Nardil) to treat her depression. She is at a local caf for lunch with a friend. Which of the following items on the menu would be least appropriate for the client to order?

A)	Roast beef, mashed potatoes, and gravy
B)	A Cobb salad with blue cheese and Roquefort salad dressing
C)	Scrambled eggs, toast, and grape jelly
D)	Medium-well steak, French fries, and broccoli

7.	A 34-year-old client with depression is admitted to an inpatient psychiatric unit. The nurse enters her room and initiates interaction with the client. When talking with the client, which approach would be least appropriate?
A)	Quiet and empathetic manner
B)	Animated and cheerful manner
C)	Matter-of-fact manner
D)	Respectful, direct manner

8.	A client is hospitalized on a psychiatric unit secondary to a suicide attempt. He has been diagnosed with depression. He has been consistently depressed. When assessing the client, which of the following would alert the nurse that the clients suicidal risk has worsened?
A)	He tells the nurse that he feels more depressed than ever.
B)	He is lethargic, remaining isolated from other clients.
C)	He says he feels better as he interacts more with other clients.
D)	His energy level and degree of depression remain the same.

9.	A group of nursing students is reviewing information about the epidemiology of depressive disorders. The students demonstrate understanding of the information when they identify which of the following as possible risk factors? Select all that apply.
A)	History of substance abuse as a teenager
B)	Little social support
C)	Inadequate coping skills
D)	Prior episode of anxiety disorder
E)	Concomitant medical illnesses

10.	A nursing instructor is preparing a class discussion about major depression. Which of the following would the instructor expect to include?
A)	Depression in children is manifested in the same manner as in adults.
B)	The risk for suicide is especially high during the mid-adolescent years.
C)	Response to treatment in older adults is slower than that for younger adults.
D)	People older than age 65 years have the lowest suicide rates of any age group.
E)	Episodes of depression tend to occur more frequently over time.
F)	Depressive disorders are most often treated in the primary care setting.

11.	After teaching a group of nursing students about the neurobiologic theories of depression, the instructor determines the need for additional teaching when the students identify which neurotransmitter as playing a role?
A)	Gamma-amino butyric acid (GABA)
B)	Norepinephrine
C)	Serotonin
D)	Dopamine

12.	A nurse is preparing to assess a middle-aged male client who was brought to the emergency department by his wife. She reports that the client has been extremely depressed lately. When assessing this client, which of the following would be a priority assessment?
A)	Changes in sleeping patterns
B)	Thoughts of self-harm
C)	Appetite changes
D)	Level of fatigue

13.	A client with depression is prescribed fluoxetine. On a return visit to the clinic, the client tells the nurse that he also just started taking St. Johns wort to feel better. The nurse assesses the client for which of the following?
A)	Water intoxication
B)	Increased depressive symptoms
C)	Serotonin syndrome
D)	Hypertensive crisis

14.	A client comes to the emergency department complaining of a severe pounding headache in the temples and a stiff neck. The client is flushed and diaphoretic, and his pulse is racing. The client states that he is being treated for depression with selegiline. Which question by the nurse would be most important to ask at this time?
A)	When did you last have blood drawn to check your drug level?
B)	What have you had to eat or drink today?
C)	Are you having any chest pain?
D)	Do you use any herbal remedies?

15.	The nurse is developing a teaching plan for a client who is prescribed escitalopram. Which of the following side effects would the nurse include in this plan? Select all that apply.
A)	Weight gain
B)	Decreased sexual interest
C)	Sedation
D)	Blurred vision
E)	Urinary retention
F)	Dry mouth

16.	The nurse is preparing a client for treatment with repetitive transcranial magnetic stimulation. When teaching the client about this procedure, which of the following would the nurse include? Select all that apply.
A)	You will receive a short-acting anesthetic to relax you.
B)	You will be awake and alert during the procedure.

C)	You can resume your normal activities right after the treatment.
D)	We will need to shave your scalp at the area where the magnet is placed.
E)	You might feel a moderate amount of stinging at the site.

17.	When assessing a client with depression, the client states, I just feel so sad and hopeless. I just dont care anymore. I dont even enjoy doing the crossword puzzles like I used to. The nurse documents this finding as indicative of which of the following?
A)	Dysthymic disorder
B)	Anhedonia
C)	Delusion
D)	Psychosis

18.	The plan of care for a client diagnosed with depression includes cognitive interventions. The nurse would expect to assist with which of the following?
A)	Social skills training
B)	Activity scheduling
C)	Thought stopping
D)	Interpersonal therapy

19.	A nurse is preparing a presentation for family members of clients who have been diagnosed with depression. When describing the family response to depression, which of the following would the nurse include?

A)	Family members typically can understand how disabling depression can be.
B)	Depression in one family member affects the entire family.
C)	Abuse of the depressed person is a rare occurrence in families.
D)	Families of women older than 55 years of age with depression experience the majority of problems.

20.	The nurse is reviewing the medical record of a client diagnosed with depression and notes that the client has been prescribed mirtazapine. The nurse interprets this information, identifying this agent as which type?
A)	Selective serotonin reuptake inhibitor
B)	Cyclic antidepressant
C)	Norepinephrine dopamine reuptake inhibitor
D)	Alpha-2 antagonist

Answer Key

1.	A
2.	D
3.	A
4.	D
5.	B
6.	B
7.	B
8.	C

9.	B, C, E
10.	B, C, E, F
11.	A
12.	B
13.	C
14.	B
15.	A, B
16.	B, C
17.	B
18.	C
19.	B
20.	D

Chapter 22 Bipolar Disorders

1.	A client diagnosed with bipolar disorder and experiencing mania is admitted to the inpatient psychiatric setting. During the acute phase of mania, which medication would the nurse expect to most likely administer?
A)	Lithium carbonate (Lithium)
B)	Haloperidol lactate (Haldol)
C)	Fluoxetine (Prozac)
D)	Paroxetine (Paxil)

2.	A client asks the nurse if he needs to alter any of his activities because he is taking lithium carbonate. Which of the following responses would be most appropriate?
A)	Increase your salt intake if an activity causes you to perspire heavily.
B)	Wear sunscreen when you are going to be outdoors in the summer time.
C)	Drink less fluid than usual now because you are taking this drug.
D)	No changes are necessary for strenuous activities you do outdoors.

3.	The nurse is assessing a client with bipolar disorder who is experiencing mania. The client states, Im just so beautiful. Everyone just stops and stares at how gorgeous I am. Men constantly want to have sex with me. The nurse interprets these statements as indicative of which type of mood?
A)	Irritable
B)	Elevated
C)	Expansive

D)	Euphoric

4.	The nurse is reviewing the medical record of a client with bipolar disorder. The nurse would most likely expect to find a history of which of the following?
A)	Panic disorder
B)	Schizophrenia
C)	Delusional disorder
D)	Posttraumatic stress disorder

5.	A nurse is developing a presentation for families who have members that have been diagnosed with bipolar disorders. When describing this condition to the group, which of the following would the nurse most likely include?
A)	As the person ages, the episodes tend to decrease over time.
B)	Environmental stressors are a key cause of these disorders.
C)	The risk for suicide is high with either depression or mania.
D)	Risk-taking behaviors are more common with a depressive episode.

6.	A client is to receive lithium therapy as part of the treatment plan for bipolar disorder. When reviewing the clients medication history, which agents would alert the nurse to the possibility that a decrease in lithium dosage may be needed? Select all that apply.
A)	Lisinopril

B)	Hydrochlorothiazide
C)	Indomethacin
D)	Caffeine
E)	Aspirin

7.	A client with bipolar disorder is receiving divalproex sodium as part of the treatment plan. When monitoring the clients blood level for this drug, which level would alert the nurse to the need to change the dosage?
A)	30 ng/mL
B)	55 ng/mL
C)	75 ng/mL
D)	115 ng/mL

8.	A client with bipolar disorder having experienced a depressive episode is prescribed lamotrigine. After teaching the client about this medication, the nurse determines that the teaching was successful when the client states which of the following?
A)	I need to notify my physician if I develop a skin rash.
B)	I need to have my blood tested about once a month.
C)	I have to watch how much salt I use every day.
D)	This drug can affect my liver function.

9.	A nurse is preparing to administer medications to a female client with bipolar disorder who is experiencing acute mania. Which of the following would be most appropriate for the nurse to do?
A)	Tell the client firmly that she must take her medication.

B)	Allow the client to participate in the treatment decision.
C)	Restrain the client before administering the medication.
D)	Notify the physician about the clients refusal of the medication.

10.	A client who is receiving lithium comes to the clinic for an evaluation. During the visit, the client reports a fine hand tremor. Which action by the nurse would be most appropriate?
A)	Immediately obtain a specimen to determine the clients blood drug level.
B)	Suggest that the client take the medication with meals or snacks.
C)	Assist the client in minimizing exposure to stressors.
D)	Encourage the client to elevate the affected hand on a pillow.

11.	A clients blood level of carbamazepine is increased. When reviewing the clients medication history, which of the following would alert the nurse to a possible interaction?
A)	Phenobarbital
B)	Primidone
C)	Phenytoin
D)	Diltiazem

12.	A client is brought to the emergency department by his brother. The client has a history of bipolar disorder for which he is taking divalproex. The brother reports that he watched his brother take the medication about 2 hours ago. He stated, A little while ago, he got very disoriented and agitated. The nurse suspects toxicity based on assessment of which of the following? Select all that apply.
A)	Tachypnea
B)	Bradycardia
C)	Hypotension
D)	Nystagmus
E)	Vomiting

13.	A client with bipolar disorder has a lithium drug level of 1.2 mEq/L. Which of the following would the nurse expect to assess? Select all that apply.
A)	Metallic taste
B)	Ataxia
C)	Diarrhea
D)	Slurred speech
E)	Fasciculations
F)	Muscle weakness

14.	The nurse is preparing a teaching plan for the family of a client who has been diagnosed with bipolar disorder. After teaching them about potential indicators for relapse, the nurse determines that the teaching was effective when they identify which of the following as suggesting mania? Select all that apply.

A)	Avoiding people
B)	Sleeping more than usual
C)	Talking faster than usual
D)	Being hungry all the time
E)	Reading several books at once

15.	A client with bipolar disorder has had a history of multiple episodes and states, Im so frustrated with whats happened because of these episodes. Which of the following would the nurse encourage to help support this clients recovery?
A)	Codependence
B)	Hope
C)	Self-control
D)	Independent decision making

Answer Key

1.	B
2.	A
3.	C
4.	A
5.	C
6.	A, B, C
7.	A
8.	A
9.	B

10.	C
11.	D
12.	C, D, E
13.	A, C, F
14.	C, D, E
15.	B

Chapter 23 Schizophrenia and Related Disorders

1.	The nurse is caring for a client in an inpatient mental health setting. The nurse notices that when the client is conversing with other clients, he repeats what they are saying word for word. The nurse interprets this finding and documents it as which of the following?
A)	Echopraxia
B)	Neologisms
C)	Tangentiality
D)	Echolalia

2.	While caring for a hospitalized client with schizophrenia, the nurse observes that the client is listening to the radio. The client tells the nurse that the radio commentator is speaking directly to him. The nurse interprets this finding as which of the following?
A)	Autistic thinking
B)	Concrete thinking
C)	Referential thinking
D)	Illusional thinking

3.	A client has been diagnosed with schizophrenia. Assessment reveals that the client lives alone. His clothing is disheveled, his hair is uncombed and matted, and his body has a strange odor. During an interview, the clients family voices a desire for the client to live with them when he is discharged. Based on the assessment findings, which nursing diagnosis would be the priority?
A)	Ineffective Role Performance related to symptoms of schizophrenia.
B)	Social Isolation related to auditory hallucinations.
C)	Dysfunctional Family Processes related to psychosis.
D)	Bathing Self-Care Deficit related to symptoms of schizophrenia.

4.	The nurse is caring for an elderly client who has been taking an antipsychotic medication for 1 week. The nurse notifies the physician when he observes that the client has muscle rigidity that resembles Parkinsons disease. Which agent would the nurse expect the physician to prescribe?
A)	Anticholinergic

B)	Anxiolytic
C)	Benzodiazepine
D)	Beta-blocker

5.	The nurse is caring for a hospitalized client who has schizophrenia. The client has been taking antipsychotic medications for 1 week when the nurse observes that the clients eyes are fixed on the ceiling. The nurse interprets this finding as which of the following?
A)	Akathisia
B)	Oculogyric crisis
C)	Retrocollis
D)	Tardive dyskinesia

6.	A hospitalized client with schizophrenia is receiving antipsychotic medications. While assessing the client, the nurse identifies signs and symptoms of a dystonic reaction. Which agent would the nurse expect to administer?
A)	Diphenhydramine (Benadryl)
B)	Propranolol (Inderal)
C)	Risperidone (Risperdal)
D)	Aripiprazole (Abilify)

7.	The nurse is caring for a client who has been receiving treatment for schizophrenia with chlorpromazine for the past year. It would be essential for the nurse to monitor the client for which of the following?
A)	Weight loss

B)	Torticollis
C)	Hypoglycemia
D)	Tardive dyskinesia

8.	A client hospitalized for treatment of schizophrenia has been receiving olanzapine (Zyprexa) for the past 2 months. The nurse would be especially alert for which of the following?
A)	Weight loss
B)	Hypertension
C)	Diarrhea
D)	Diabetes

9.	The nurse is caring for a client who has been taking clozapine (Clozaril) for 2 weeks. The client tells the nurse, My throat is sore, and I feel weak. The nurse assesses the clients vital signs and finds that the client has a fever. The nurse notifies the physician, expecting an order to obtain which laboratory test?
A)	A white blood cell count
B)	Liver function studies
C)	Serum potassium level
D)	Serum sodium level

10.	A client is being released from the inpatient psychiatric unit with a diagnosis of schizophrenia and treatment with antipsychotic medications. After teaching the client and family about managing the disorder, the nurse determines that the teaching was effective when they state which of the following should be reported immediately?

A)	Elevated temperature
B)	Tremor
C)	Decreased blood pressure
D)	Weight gain

11.	A nurse is preparing an in-service program for a group of psychiatricmental health nurses about schizophrenia. Which of the following would the nurse include as a major reason for relapse?
A)	Lack of family support
B)	Accessibility to community resources
C)	Non-adherence to prescribed medications
D)	Stigmatization of mental illness

12.	While assessing a client with schizophrenia, the client states, Everywhere I turn, the government is watching me because I know too much. They are afraid that I might go public with the information about all those conspiracies. The nurse interprets this statement as indicating which type of delusion?
A)	Grandiose
B)	Nihilistic
C)	Persecutory
D)	Somatic

13.	The nurse is interviewing a client with schizophrenia when the client begins to say, Kite, night, right, height, fright. The nurse documents this as which of the following?

A)	Clang association
B)	Stilted language
C)	Verbigeration
D)	Neologisms

14.	A nurse is providing care to a client just recently diagnosed with schizophrenia during an inpatient hospital stay. Throughout the day, the nurse observes the client drinking from the water fountain quite frequently as well as carrying cans of soda and bottles of water with him wherever he goes. Upon entering the clients room, the nurse sees numerous empty cups that had been filled with fluids on his table and in the trash can. The room has an odor of urine. The nurse suspects which of the following?
A)	Diabetes mellitus
B)	Disordered water balance
C)	Tardive dyskinesia
D)	Orthostatic hypotension

15.	A group of nursing students is reviewing the various theories related to the etiology of schizophrenia. The students demonstrate understanding of the information when they identify which neurotransmitter as being responsible for hallucinations and delusions?
A)	Dopamine
B)	Serotonin
C)	Norepinephrine
D)	Gamma-amino butyric acid (GABA)

16.	After teaching a class on antipsychotic agents, the instructor determines that the teaching was successful when the class identifies which of the following as an example of a second-generation antipsychotic agent?
A)	Fluphenazine (Prolixin)
B)	Thiothixene (Navane)
C)	Quetiapine (Seroquel)
D)	Chlorpromazine (Thorazine)

17.	When assessing a client for possible disordered water balance, the nurse checks the clients urine specific gravity. Which result would lead the nurse to suspect that the client is experiencing severe disordered water balance?
A)	1.020
B)	1.011
C)	1.005
D)	1.002

18.	A client with schizophrenia tells the nurse, Im being watched constantly by the FBI because of my job. Which response by the nurse would be most appropriate?
A)	Tell me more about how you are being watched.
B)	It must be frightening to feel like youre always been watched.
C)	Youre not being watched; its all in your mind.
D)	You are experiencing a delusion because of your illness.

19.	A nurse is working with a group of clients diagnosed with schizophrenia in a community setting. Which of the following would least likely be a priority?
A)	Improving the quality of life
B)	Instilling hope
C)	Managing psychosis
D)	Preventing relapse

20.	A client with schizophrenia is prescribed clozapine because other prescribed medications have been ineffective. After teaching the client and family about the drug, the nurse determines that the teaching was successful when they state which of the following?
A)	He needs to have an electrocardiogram periodically when taking this drug.
B)	Well need to make sure that he has his blood count checked at least weekly.
C)	He might develop toxic levels of the drug if he smokes cigarettes.
D)	We need to watch to make sure that he doesnt lose too much weight.

21.	Which of the following would be most important for the nurse to keep in mind when establishing the nursepatient relationship with a client with schizophrenia to promote recovery?
A)	The relationship typically develops over a short period of time.
B)	Decisions about care are the responsibility of interdisciplinary team.

C)	Short, time-limited interactions are best for the client experiencing psychosis.
D)	Typically, clients with schizophrenia readily engage in a therapeutic relationship.

22.	A nurse is developing a teaching plan for a client with schizophrenia. Which method would the nurse use to be most effective?
A)	Engaging the client the trial and error learning
B)	Having the client write down information after directly being given the correct information
C)	Asking the client questions that encourage the client to guess at the correct answer
D)	Using visual aids that are very colorful and full of descriptive graphic images

23.	Assessment of a client with schizophrenia reveals that he is hearing voices that tell him that people are staring at him and illusions. When developing the plan of care for this client, which nursing diagnosis would be most appropriate?
A)	Disturbed thought processes
B)	Risk for self-directed violence
C)	Disturbed sensory perception
D)	Ineffective coping

24.	A nursing instructor is preparing a class lecture about schizophrenia and outcomes focusing on recovery. Which of the following would the instructor include as a major goal?

A)	Continuity of care
B)	Shorter in-patient stays
C)	Immediate crisis stabilization
D)	Social engagement

25.	After assessing a client with schizophrenia, the nurse suspects that the client is experiencing an anticholinergic crisis. Which of the following would the nurse most likely have assessed? Select all that apply.
A)	Dilated reactive pupils
B)	Blurred vision
C)	Ataxia
D)	Coherent speech
E)	Facial pallor
F)	Disorientation

Answer Key

1.	D
2.	C
3.	D
4.	A
5.	B
6.	A
7.	D
8.	D
9.	A

10.	A
11.	C
12.	C
13.	A
14.	B
15.	A
16.	C
17.	D
18.	B
19.	C
20.	B
21.	C
22.	B
23.	C
24.	A

2 5.	B, C, F

Chapter 24 Personality and Impulse-Control Disorders

1. 	The nurse is preparing to assess a client with a paranoid personality trait. The nurse integrates knowledge of this condition, anticipating that the clients affect and behavior will most likely be which of the following?
A)	Angry and hostile
B)	Flirtatious and seductive
C)	Fearful and anxious
D)	Friendly and open

2.	The nurse is caring for a client with schizoid personality trait. When developing the plan of care for the client, which of the following would the nurse most likely include?
A)	Social skills training
B)	Anger management training
C)	Relaxation techniques
D)	Coping skills training

3.	A nursing instructor is preparing a teaching plan for a class of nursing students about antisocial personality disorder. Which of the following would the nurse include as a term often used to describe the behaviors associated with this condition? Select all that apply.
A)	Psychopath

B)	Manipulator
C)	Criminality
D)	Sociopath
E)	Psychotic

4.	A nurse is reading a journal article about the various theories associated with the development of antisocial personality disorder. The article mentions difficult temperament as a possible theory. The nurse demonstrates understanding of this concept when identifying which of the following as a key behavior associated with a difficult temperament? Select all that apply.
A)	Aggression
B)	Inattention
C)	Hyperactivity
D)	Impulsivity
E)	Depression
F)	Paranoia

5.	A nurse is developing a plan of care for a client diagnosed with an antisocial personality disorder who has been admitted to the inpatient psychiatric unit. Which of the following would the nurse most likely include? Select all that apply.
A)	Developing a therapeutic relationship
B)	Bargaining about the unit rules
C)	Holding the client responsible for behavior
D)	Discouraging client from discussing thoughts

E)	Using a firm, lecture-like approach for teaching

6.	A nurse is working with the family of a client who has been diagnosed with antisocial personality disorder. Which of the following would be most important for the nurse to focus on when teaching the family about this disorder?
A)	Anger management
B)	Boundary setting
C)	Medication therapy
D)	Self-responsibility

7.	A group of nursing students is reviewing information about antisocial personality disorder. The students demonstrate understanding of this disorder when they state which of the following?
A)	The disorder occurs more frequently in women.
B)	The individual must be at least 18 years of age.
C)	The disorder is found primarily in Asian individuals.
D)	Alcohol abuse disorder rarely accompanies this disorder.

8.	A nurse is providing care to a client with antisocial personality disorder. As part of the plan of care, the client is to participate in a problem-solving group. The nurse understands that this intervention is effective based on which rationale?
A)	It requires the client to develop attachments.
B)	It sets up specific boundaries for the client.
C)	It helps reinforce self-responsibility.

D)	It avoids confrontation about dysfunctional patterns.

9.	The nurse is reviewing the medical record of a client diagnosed with antisocial personality disorder. The nurse notes that the client has had numerous episodes involving irritability, aggressiveness, and impulsivity and has exhibited callousness toward others. Based on this information, which nursing diagnosis would the nurse most likely identify as a priority?
A)	Risk for Other-Directed Violence
B)	Risk for Self-Injury
C)	Risk for Suicide
D)	Risk for Self-Directed Violence

10.	A client is brought into the emergency department because of complaints from the neighbors that the client was acting strangely. The nurse assesses the client and suspects schizotypal personality disorder based on assessment of which of the following? Select all that apply.
A)	Magical beliefs
B)	Hallucinations
C)	Paranoia
D)	Avoidance of eye contact
E)	Meticulous dress

11.	A nurse is assessing a client diagnosed with avoidant personality disorder. Which of the following would the nurse most likely expect to find? Select all that apply.
A)	Shyness

B)	Feelings of inadequacy
C)	Feelings of superiority
D)	Perfectionism
E)	Detail oriented

12.	A group of nursing students is reviewing information about schizoid personality trait. The students demonstrate understanding of the information when they identify which disorder as the most common comorbid disorder?
A)	Depression
B)	Substance abuse
C)	Avoidant personality disorder
D)	Anxiety

13.	A nurse is interviewing a client and suspects that the client may have narcissistic personality disorder. Which client statement would help support the nurses suspicions?
A)	I have a very important position in life; everyone I know wants to be like me.
B)	My wife is poisoning my food so she can get rid of me and marry her boss.
C)	I like to work alone because then I can let my thoughts wander.
D)	Im always the life of the party, making new friends all the time.

14.	A nurse is developing a teaching plan for a client with an impulse-control disorder. The nurse is planning to explain the emotional aspects associated with the behavior as part of the plan. Which of the following would the nurse describe as occurring first before the individual commits the act?
A)	Remorse
B)	Tension
C)	Regret
D)	Pleasure

15.	A nurse is reading an article about a young girl who developed gastrointestinal symptoms from a hair ball because of a ritual that she engaged in. The girl would pull out hair over several hours to relieve tension and anxiety and then eat the hair. The nurse most likely is reading an article about which of the following?
A)	Kleptomania
B)	Trichotillomania
C)	Pyromania
D)	Intermittent explosive disorder

16.	A nurse is working with a client who is a compulsive gambler. Which of the following would the nurse emphasize as crucial for relapse prevention? Select all that apply
A)	Medication therapy
B)	Family involvement
C)	Identification of triggers
D)	Anger management

E)	Milieu management

17.	A nursing instructor is describing depressive and negativistic personality traits to a group of nursing students. The instructor determines that the teaching was successful when the students identify which of the following as characteristic of negativistic personality traits? Select all that apply.
A)	Anhedonia
B)	Hostility
C)	Pessimism
D)	Oppositionality
E)	Guilt

Answer Key

1.	A
2.	A
3.	A, D
4.	A, B, C, D
5.	A, C
6.	B
7.	B
8.	C
9.	A
10.	A, C, D
11.	A, B

12.	C
13.	A
14.	B
15.	B
16.	B, C
17.	B, D, E

Chapter 25 Addiction and Substance-Related Disorders

1.	A client has been prescribed naltrexone (Trexan) for treatment of alcohol dependence. The nurse has explained the drugs purpose to the client. The nurse determines that the client has understood the instructions when the client identifies which of the following about the drug?
A)	Causes itching if alcohol is consumed
B)	Produces the euphoria of alcohol
C)	Reduces the appeal of alcohol
D)	Improves appetite and nutritional status

2.	An adolescent client tells the nurse that he or she occasionally sniffs airplane glue. When discussing the effects of long-term use of inhalants, which of the following would the nurse most likely include?

A)	Tremors and CNS arousal
B)	Enhanced normal heart rhythms
C)	Enhanced attention focus and memory
D)	Brain damage and cognitive abnormalities

3.	A client tells the nurse that he is committed to trying to quit smoking. When teaching the client about smoking cessation, which of the following would the nurse include?
A)	Success usually involves more than one type of intervention.
B)	Relapse is fairly rare within the first year of quitting.
C)	Ear acupressure is a highly proven method for quitting.
D)	Education is key for smoking cessation.

4.	The nurse is completing the admission of a client who is seeking treatment for alcoholism. He tells the nurse that the last time he had any alcohol to drink was at 10:00 AM before he left for the hospital. The nurse closely monitors the client. Which of the following would lead the nurse to suspect that the client is experiencing stage 1 of alcohol withdrawal syndrome? Select all that apply.
A)	Slight diaphoresis
B)	Hand tremors
C)	Intermittent confusion
D)	Heart rate of 135 beats/min
E)	Normal blood pressure

5.	A nurse is talking with a 57-year-old client who has been a heavy drinker for many years. The client is being treated for alcoholism, and this is her second week as an inpatient on the psychiatric unit. It is 5:00 AM, and the client has been having difficulty sleeping. The client is an orthopedic nurse, and although she is clothed in a hospital-issued gown and robe, she is wearing a stethoscope around her neck that the nurse recognizes as belonging to one of the staff nurses. When the nurse asks her why she is wearing the stethoscope and where she got it, the client gives her a long and involved reply that basically describes how her nursing supervisor came to visit and gave it to her to wear so shed remember to get well. The nurse suspects that the client may be experiencing which of the following?
A)	Wernickes syndrome
B)	Delirium tremens
C)	Korsakoffs psychosis
D)	Malignant hyperthermia

6.	A nurse is using motivational therapy with a female client with alcoholism. The client, who is unwilling to consider changing her drinking behavior, emphatically states, I am not an alcoholic; you cant make me stop drinking. Which response by the nurse would be most appropriate?
A)	You have to stop drinking and driving; you could kill someone.
B)	Youre right; youre not an alcoholic.
C)	You should consider what you are doing to your marital relationship.

D)	Youre the only one who can make yourself stop drinking.

7.	A 52-year-old male client who has a history of alcohol dependence is admitted to a detoxification unit. He has tremors, he is anxious, his pulse has risen from 98 to 110 beats/min, his blood pressure has risen from 140/88 to 152/100 mm Hg, and his temperature is six tenths of a degree above normal. He is slightly diaphoretic. Which nursing diagnosis would be the priority?
A)	Disturbed Thought Processes
B)	Risk for Injury
C)	Ineffective Coping
D)	Ineffective Denial

8.	A nurse is working with a client who is addicted to heroin. The nurse engages in harm reduction by teaching the client about which of the following?
A)	Using bleach solution to disinfect dirty needles
B)	Problem solving
C)	Healthy coping skills
D)	Proper use of naltrexone (Trexan)

9.	A 20-year-old man arrives at the emergency department by ambulance. He is unconscious, with slow respirations and pinpoint pupils. There are tracks visible on his arms. The friend who came with him reports that the client had just shot up heroin when he became unconscious. Which medication would the nurse most likely expect to administer?
A)	Naloxone

B)	Naltrexone
C)	Bupropion
D)	Varenicline

10.	A nurse is obtaining a history from a client who drinks about 6 cups of coffee and several diet cola drinks per day. The client states, I just cut down my coffee and soda intake to one per day. Which of the following would the nurse most likely expect to assess? Select all that apply.
A)	Headache
B)	Fatigue
C)	Yawning
D)	Flushing
E)	Diuresis

11.	A group of nursing students is reviewing information about substances that are abused. The students demonstrate understanding of the information when they identify which of the following as stimulants? Select all that apply.
A)	Alcohol
B)	Cocaine
C)	Heroin
D)	Nicotine
E)	Phencyclidine

12.	A client is receiving methadone maintenance therapy. After teaching the client about this treatment, the nurse determines that the teaching was successful when the client states which of the following?
A)	I can have a glass of wine with dinner if I choose.
B)	I should eat small frequent meals if I get nauseated.
C)	I should take the drug on an empty stomach.
D)	I might experience diarrhea with this drug.

13.	A client with a history of alcohol abuse is participating in a 12-step Alcoholics Anonymous (AA) program. The nurse determines that the client is at step two when he states which of the following?
A)	Ive admitted to myself and others the wrongdoings Ive done.
B)	I realize that there is a higher power that can help me.
C)	I know now that I am powerless over alcohol.
D)	I am making amends to all those that Ive harmed.

14.	A nurse is preparing an inservice program about substance abuse and its etiology. Which of the following would the nurse most likely include in the presentation when discussing possible psychologic etiologies?
A)	Low self-esteem
B)	Genetic predisposition
C)	Dysfunctional family
D)	Peer influence

15.	A client is brought into the emergency department because he was involved in an automobile accident. His blood alcohol level (BAL) is 0.10 mg %. Based on this finding, the nurse would expect to assess which of the following?
A)	Difficulty with coordination
B)	Stupor
C)	Emotional lability
D)	Ataxia

16.	A client with a history of opioid abuse is exhibiting manifestations of moderate withdrawal. Which of the following would the nurse expect to assess?
A)	Rhinorrhea
B)	Lacrimation
C)	Dilated pupils
D)	Dysphoria

17.	A nurse is implementing a brief intervention with a client who is abusing alcohol. The nurse most likely would be involved with which of the following?
A)	Asking the client questions about alcohol use
B)	Negotiating a conversation with the client to reduce use
C)	Pointing out the inconsistencies in thoughts, feelings, and action
D)	Helping the client change the way he thinks about a situation

18.	A client with a history of substance abuse is involved in a skills training group. Which of the following would the client be involved with to enhance intrapersonal coping skills? Select all that apply.
A)	Substance refusal skills
B)	Problem solving
C)	Anger awareness
D)	Emergency planning
E)	Social support networking

19.	A client is brought to the emergency department after having overdosed on cocaine. When assessing the client, which of the following would the nurse expect to find? Select all that apply.
A)	Euphoria
B)	Seizures
C)	Cardiac arrhythmia
D)	Paranoia
E)	Dilated pupils

20.	A client is prescribed disulfiram as part of his alcohol treatment program to prevent relapse. The client asks the nurse, How will this drug help me? Which response by the nurse would be most appropriate?
A)	It will help to cure your alcoholism.
B)	It can help to prevent you from drinking.
C)	It makes the withdrawal symptoms less troublesome.
D)	It helps to clear the alcohol out of your body.

Answer Key

1.	C
2.	D
3.	A
4.	A, B, E
5.	C
6.	D
7.	B
8.	A
9.	A
10.	A, B, C
11.	B, D
12.	B
13.	B
14.	A
15.	A
16.	C
17.	B

18.	B, C, D
19.	B, C
20.	B

Chapter 26 Eating Disorders

1.	While caring for a client with anorexia nervosa, the nurse anticipates that the client would have difficulty making which of the following comments?
A)	Im mad at you because you wont let me go on a pass unless I gain weight!
B)	I need to have everything in its place and perfect.
C)	If I gain a pound, Ill just keep gaining weight.
D)	I am very involved in preparing my food and counting calories.

2.	A nurse is performing an admission assessment for an adolescent girl with an eating disorder who is being admitted to the psychiatric unit. Which statement would the nurse interpret as most likely supporting the clients diagnosis?
A)	My father was always very thin.
B)	Ive never really liked myself.
C)	I have a lot of confidence in myself.
D)	I feel really close to my parents and my brother.

3.	A client with bulimia nervosa is being treated at an outpatient clinic and is prescribed a selective serotonin reuptake inhibitor (SSRI). Which of the following would the nurse include when teaching the client about the prescribed medication?
A)	Closely monitor your fluid intake while taking this medication.
B)	Stop taking this medication if it causes weight gain.
C)	Expect menstrual irregularities, particularly if theyve occurred previously.
D)	Report any weight changes that occur during the first few weeks this medication is taken.

4.	The nurse is caring for several hospitalized clients with anorexia nervosa. The nurse would be especially alert for which of the following if noted in the clients histories?
A)	Paranoia
B)	Primary insomnia
C)	Depression
D)	Aggression

5.	The nurse is preparing to discharge a client who has been hospitalized with anorexia nervosa. Which of the following would the nurse include in the teaching plan?
A)	Knowing the calorie content of numerous foods
B)	Learning strategies to control impulses
C)	Describing physiologic consequences of anorexia nervosa
D)	Setting realistic goals

6.	A client with bulimia nervosa is scheduled for a visit to the clinic. When assessing this client, which of the following would the nurse expect to find?
A)	Impulsivity
B)	Panic
C)	Hyperactivity
D)	Delusions

7.	The nurse is planning to explain the purpose of the behavioral therapy technique of self-monitoring to a client with bulimia nervosa. The nurse would emphasize keeping a diary to record which of the following?
A)	Feelings of hunger
B)	Efforts at distraction
C)	Environmental stimuli
D)	Rigid rules about eating

8.	A psychiatricmental health nurse working in the community is planning an educational program for fifth and sixth grade teachers. Which of the following would the nurse include?
A)	Discussion of strategies the teachers can use to counteract the role media plays in encouraging eating disorders
B)	Emphasis on the need for teachers to focus their prevention efforts on female students
C)	Stressing of the need to allow students to eat without undue attention or supervision to prevent inadvertently influencing eating patterns

D)	Clarification that peer pressure is not typically problematic in children who are in the fifth and sixth grades

9.	The nurse is initiating a group for adolescent girls diagnosed with anorexia nervosa. Many of the clients in the group are irritable and resent having to attend. One of them comments, This is a stupid waste of time! Which of the response by the nurse would be most appropriate?
A)	If you feel that way, then you can just leave.
B)	You sound irritated; tell me about what is bothering you.
C)	You were assigned to this group by your therapist, so you must participate.
D)	Sit down and be quiet; your peers would appreciate some peace and quiet.

10.	An adolescent is brought to the emergency department by her parents because they were concerned about their daughters appearance. The client appears emaciated and pale. The parents tell the nurse that the client has been diagnosed with anorexia nervosa. A history and physical examination and laboratory testing are completed. Which of the following would lead the nurse to suspect that the client will be admitted to the hospital? Select all that apply.
A)	Blood pressure of 110/60 mm Hg
B)	Elevated serum potassium level
C)	Decreased serum magnesium level
D)	Heart rate of 40 beats/min
E)	Statements of being hopeless

11.	A group of nursing students is reviewing the similarities and differences between bulimia nervosa and binge-eating disorder. The students demonstrate understanding when they identify which characteristics as specific to binge-eating disorder? Select all that apply.
A)	Clients typically are obese.
B)	Clients refrain from purging behaviors.
C)	Binge-eating periods are shorter.
D)	Clients engage in overexercising.
E)	Feelings of guilt do not occur after binging.

12.	A nursing instructor is reviewing the various theories related to anorexia nervosa. Which of the following would the instructor include when describing theories related to the biologic domain? Select all that apply.
A)	Genetic vulnerability
B)	Separationindividuation
C)	Role pressures
D)	Dieting leading to starvation
E)	Pursuit of thinness
F)	Decreased serotonin activity

13.	A nurse is preparing a presentation for a local middle school health class about eating disorders as a means for prevention and early detection. Which of the following would the nurse incorporate into the presentation as being common to both anorexia nervosa and bulimia nervosa? Select all that apply.
A)	Body dissatisfaction

B)	Feelings of control
C)	Obsessiveness
D)	Boundary problems
E)	Sexuality fears
F)	Cognitive distortions

14.	A nurse is reviewing the plan of care for a client with anorexia nervosa and notes a behavioral plan for increasing weight. The nurse correlates this intervention with which nursing diagnosis?
A)	Disturbed Body Image
B)	Anxiety
C)	Imbalanced Nutrition: Less Than Body Requirements
D)	Ineffective Coping

15.	A nurse is interviewing a client diagnosed with bulimia nervosa about her family and her relationship with her mother. Which statement by the client would the nurse least likely associate with bulimia nervosa?
A)	My mother is my confidante for everything.
B)	My mothers happiness depends on me.
C)	My family basically has very few rules.
D)	My mother and I are close but not joined at the hip.

16.	A nurse is developing a plan of care for a client newly diagnosed with bulimia nervosa. Which of the following would the nurse expect to implement in conjunction with pharmacologic therapy?
A)	Behavioral therapy

B)	Cognitive behavioral therapy
C)	Interpersonal therapy
D)	Family therapy

17.	While talking with a client with an eating disorder, the client states, Ive gained 2 pounds, so soon Ill be over 100 pounds. The nurse interprets this as which of the following?
A)	Magnification
B)	Selective abstraction
C)	Overgeneralization
D)	Dichotomous thinking

Answer Key

1.	A
2.	B
3.	D
4.	C
5.	D
6.	A
7.	C
8.	A
9.	B
10.	C, D, E
11.	A, B

12.	A, D, F
13.	A, C, F
14.	C
15.	D
16.	B
17.	D

Chapter 27 Somatic Symptom and Dissociative Disorders

1.	The nurse is caring for a client with complex somatic symptom disorder. When assessing this client, the nurse would be especially alert for symptoms of which of the following?
A)	Depression
B)	Avoidant personality disorder
C)	Delirium
D)	Bipolar disorder

2.	A client has made multiple visits to the clinic. The nurse suspects that the client may be experiencing complex somatic symptom disorder based on which of the following?

A)	Expressions of concern about psychological problems
B)	Indications that parents were always in good health
C)	Reports of the same symptoms repeatedly
D)	Evidence of a need for social support from her friends

3.	A client is being assessed for complex somatic symptom disorder. Which client statement would the nurse interpret as most likely supporting this diagnosis?
A)	Its like my foot is asleep all the time; I cant feel anything that touches my foot.
B)	Im losing weight no matter what or how much I eat.
C)	I am always in pain; there is nothing I can do to relieve it.
D)	It seems like I am always having diarrhea at the most inconvenient times.

4.	A client diagnosed with complex somatic symptom disorder and depression is prescribed medication therapy to treat both the pain and the symptoms of depression. When teaching the client about the medication, which of the following would the nurse emphasize?
A)	Need for signing a no-suicide contract
B)	Avoidance of foods that contain aged cheese
C)	Use of sunscreen when exposed to bright sunlight
D)	Limiting of the amount of water ingested

5.	The nurse is preparing to interview a client diagnosed with complex somatic symptom disorder. The nurse anticipates that the client will most likely exhibit which of the following?

A)	No facial expression during the interview
B)	Intermittent nodding and glancing at the clock on the wall
C)	Altered mental status
D)	Rapidly changing moods during the interview

6.	The nurse is assisting in planning a series of group therapy sessions with several female clients diagnosed with complex somatic symptom disorder. The nurse plans to focus the sessions on which of the following as a priority?
A)	Causes of medical illnesses
B)	Positive self-talk
C)	Side effects of medications
D)	Assertiveness skills

7.	The nurse is caring for a client in the neighborhood clinic. The client tells the nurse that ever since he was an adolescent, he has avoided social situations because he has one ear that is obviously bigger than the other ear. The nurse observes that one of the clients ears does not appear to be larger than the other ear. The nurse suspects that the client may be experiencing which of the following?
A)	Complex somatic symptom disorder
B)	Functional neurologic symptoms
C)	Factitious disorder
D)	Body dysmorphic disorder

8.	A client is admitted to the mental health unit with a diagnosis of factitious disorder. When reviewing the clients history, which of the following would the nurse most likely find?
A)	Intentional self-injurious behavior
B)	Pain to achieve a self-serving goal
C)	Malingering to avoid work
D)	Parents who were restrictive

9.	A client is admitted to the mental health unit because she was found trying to inject diluted feces into her hospitalized childs intravenous line. The client has a history of similar attempts of harming the child. The nurse would most likely suspect which of the following?
A)	Schizoid personality traits
B)	Munchausens syndrome by proxy
C)	Functional neurologic symptoms
D)	Borderline personality disorder

10.	While assessing a client thought to have a factitious disorder, the nurse asks the client to describe when she felt nurtured as a child. Which response would the nurse interpret as supporting the clients diagnosis?
A)	I never felt nurtured or loved when I was growing up.
B)	The only time I felt loved and appreciated was when I made the honor roll at school.
C)	The only time I ever felt loved was when I was sick enough to miss school.
D)	I felt loved and accepted when my father apologized for spanking me so hard.

11.	A nursing instructor is describing complex somatic symptom disorder to a group of nursing students. The instructor determines that the teaching was successful when the students state which of the following?
A)	The disorder typically is diagnosed in men.
B)	The first symptom usually appears during adolescence.
C)	The disorder commonly occurs with substance abuse.
D)	Highly educated individuals often develop this disorder.

12.	The husband of a client diagnosed with complex somatic symptom disorder asks the nurse, What causes this condition? Which response by the nurse would be most accurate?
A)	There is definitely an underlying genetic link for this disorder.
B)	Your wife is experiencing chronic stress that causes hypoarousal.
C)	The symptoms reflect an emotion that your wife cannot verbalize.
D)	The symptoms reflect an internal preoccupation with events.

13.	A client with complex somatic symptom disorder is complaining of significant pain in the joints. When providing care to this client, which of the following would be most important for the nurse to keep in mind?
A)	Opioid analgesics are the primary mode of therapy.
B)	The clients experience of pain is real.

C)	Complementary therapies are usually of little benefit.
D)	Outcomes need to reflect the biologic aspects of the pain.

14.	A client with complex somatic symptom disorder also has anxiety. Which of the following would the nurse expect to be prescribed?
A)	Monoamine oxidase inhibitor (MAOI)
B)	Selective serotonin reuptake inhibitor (SSRI)
C)	Tricyclic antidepressant (TCA)
D)	Atypical antipsychotic

15.	A nurse is providing care for a client who has complex somatic symptom disorder and is exhibiting anxiety about having a severe illness. Which of the following would be appropriate for the nurse to do? Select all that apply.
A)	Listening closely to the clients report of symptoms
B)	Discouraging the client from talking about fears
C)	Acknowledging that what the client is saying may be real
D)	Encouraging the client to write down symptoms in a journal
E)	Reviewing symptom pattern with the client

16.	A nursing instructor is preparing a class about functional neurologic symptoms. Which of the following would the instructor most likely include as an assessment finding? Select all that apply.
A)	Difficulty swallowing

B)	Spasticity
C)	Urinary frequency
D)	Aphonia
E)	Blindness

17.	A client with body dysmorphic disorder is admitted to the inpatient unit. Based on the nurses understanding about this disorder, the nurse would assess this client closely for which of the following?
A)	Suicidal ideation
B)	Escalating violence
C)	Anorexia
D)	Psychosis

18.	A nurse is working with a client diagnosed with complex somatic symptom disorder. Which of the following would the nurse identify as the most difficult aspect of providing care to this client?
A)	Managing the clients pain.
B)	Relieving the clients anxiety.
C)	Developing the therapeutic relationship.
D)	Monitoring the clients treatment program.

19.	A nurse is evaluating the outcomes for a client diagnosed with complex somatic symptom disorder. Which of the following would the nurse most likely identify as interfering with achievement?
A)	Outcomes were stated in realistic terms
B)	Outcomes addressed overall issues

C)	Outcomes indicated small successes
D)	Outcomes were identified for specific behaviors

20.	A nurse is preparing a plan of care for a client diagnosed with body dysmorphic disorder. Which nursing diagnosis would the nurse most likely identify as the priority?
A)	Disturbed Body Image
B)	Ineffective Coping
C)	Low Self-Esteem
D)	Risk for Other-Directed Violence

Answer Key

1.	A
2.	C
3.	C
4.	B
5.	D
6.	D
7.	D
8.	A
9.	B
10.	C
11.	B
12.	C

13.	B
14.	B
15.	A, C, D, E
16.	A, D, E
17.	A
18.	C
19.	B
20.	A

Chapter 28 Sleep–Wake Disorders

1.	A nurse is giving a presentation to a community group about sleep and its relationship to health. In explaining the relationship between REM sleep and body temperature, which statement by the nurse would be most appropriate?
A)	There is no observable relationship between REM sleep and body temperature.
B)	With higher levels of REM sleep, we also experience higher body temperatures.
C)	Our REM sleep and body temperature cycles are inversely related.

D)	The extent of our experience of REM sleep is directly proportional to a rise in body temperature.

2.	The nurse is assessing the sleep patterns of a 70-year-old female client with a mental disorder. Based on the knowledge of circadian rhythms and the influence of age, which of the following would the nurse anticipate that the client would report about her sleep pattern?
A)	When I was younger, I didnt notice any differences in how I felt in the morning or evening.
B)	Now it seems like I am sleepier at night and more alert in the morning.
C)	When I worked days, Id always have trouble feeling sleepy in the morning.
D)	When I was younger, the amount of sleep I got didnt seem to matter.

3.	A student nurse is preparing a nursing care plan for a client who has insomnia and is experiencing sleep deprivation. Which nursing diagnosis would the nurse most likely identify as reflecting a priority care issue?
A)	Risk for Injury
B)	Ineffective Coping
C)	Deficient Knowledge
D)	Anxiety

4.	A female client who is receiving counseling at a community health center has complained about being unable to sleep at each of the last three weekly sessions. The nurse interviews the family members to determine the effect of the clients problem on them. Which response would the nurse most likely expect to hear?
A)	It really hasnt seemed to be a problem for us.
B)	Theres been little change in how she gets along with other family members.
C)	The not sleeping has really had a positive effect on her and us.
D)	Its been exhausting living with her these past few weeks.

5.	The nurse is discussing sleep enhancing strategies with a client who is experiencing insomnia. Which of the following would be most appropriate for the nurse to suggest?
A)	Eat right before you go to bed as long as it is something rich that will make you sleepy.
B)	Try exercising a bit right before your bedtime so you will feel tired and sleepy.
C)	Drinking a warm cup of tea right before bedtime will help to relax you.
D)	Establish a regular time for going to bed and getting up in the morning.

6.	A nurse is working with a psychiatric client who was admitted to the inpatient facility and is being discharged. The client asks the nurse what he should do when he goes home to promote getting adequate sleep. Which response by the nurse would be most appropriate?

A)	Go to bed at the same time every night and watch a television show that relaxes you.
B)	Save your bedroom for sleeping; that means no work and no TV in the bedroom.
C)	Why dont you ask your psychiatrist for a prescription for a sleeping pill?
D)	Make sure to keep the bedroom warm and toasty.

7.	A client with a mental disorder is being discharged from the inpatient unit. During the clients stay in the hospital, the client eventually was able to get an adequate nights sleep even though the client had experienced chronic insomnia over the years. The clients spouse asks the nurse what the family can do in the clients home environment to promote healthy sleep. Which response by the nurse would be most appropriate?
A)	It is basically up to your husband to focus on promoting his own sleep.
B)	You might consider a glass of wine about 30 minutes before he is ready to go to bed.
C)	Remember to keep stimulating activities at a minimum before he goes to bed.
D)	Give him a spicy snack with a warm cup of tea at night before bedtime.

8.	A client has been admitted to the psychiatric unit with a diagnosis of narcolepsy. Which client statement would the nurse interpret as reflecting this condition?
A)	Sometimes when Im falling asleep, I see and hear things that my wife doesnt.

B)	I often have brief periods of intense excitement when going to sleep, and my legs wont hold still.
C)	I lie there and worry all night, and it keeps me awake. I just cant relax.
D)	I think my sleep pattern is messed up because I took sleeping pills when I was younger.

9.	A nurse is preparing a presentation on sleep disorders for a community group. Which of the following would the nurse include when explaining the differences between narcolepsy and obstructive sleep apnea syndrome?
A)	Symptoms of both disorders are essentially the same, so it is difficult to differentiate between the two disorders.
B)	People with narcolepsy awaken from a nap feeling rested and replenished, but those with obstructive sleep apnea do not.
C)	People with obstructive sleep apnea syndrome can experience temporary paralysis with naps.
D)	Naps are not recommended for clients with narcolepsy because of their association with severe loss of muscle tone.

10.	A nurse is working with a client diagnosed with insomnia. When developing a teaching plan for the client, which sleep promotion intervention would the nurse implement first?
A)	Encouraging the client to consider stopping smoking
B)	Instructing the client to keep regular bedtimes and rising times
C)	Encouraging the client to take frequent naps

D)	Administering prescribed sleep medications

11.	A nurse is obtaining information about a clients sleep patterns and asks him about the total amount of sleep time compared with the amount of time spent in bed. The nurse is assessing which of the following?
A)	Sleep latency
B)	Sleep architecture
C)	Sleep efficiency
D)	Sleepwake cycle

12.	A group of nursing students is reviewing information about factors affecting the pattern and quality of sleep. The students demonstrate a need for additional review when they identify which of the following?
A)	Sleep patterns are relatively constant across the lifespan.
B)	Women report more problems with sleep than men.
C)	Working night shifts and sleeping during the day can affect sleep.
D)	Environmental influences on sleep can be internal or external.

13.	The sleep history of a client experiencing sleep problems reveals that the client ingests a significant amount of caffeine each day. When reviewing the effect of caffeine on sleep with the client, which of the following would the nurse incorporate into the discussion as a caffeine effect?
A)	Decreased sleep latency
B)	Increased total sleep time

C)	Decreased REM sleep
D)	Increased slow-wave sleep

14.	A client with insomnia is taught to avoid watching television, eating, and doing work in the bedroom. Which technique is being used?
A)	Sleep restriction
B)	Relaxation training
C)	Cognitive behavior therapy
D)	Stimulus control

15.	A client with insomnia is prescribed zolpidem. When describing the action of this medication to the client, the nurse would incorporate information related to the medications effect on which of the following?
A)	GABA
B)	Serotonin
C)	Dopamine
D)	Norepinephrine

16.	A group of nursing students is reviewing the various agents used to treat insomnia. The students demonstrate an understanding of the information when they identify which agent as a melatonin receptor agonist?
A)	Trazodone
B)	Estazolam
C)	Mirtazapine
D)	Ramelteon

17.	A nursing instructor is describing the prevalence of obstructive sleep apnea (OSA) as being greater in individuals with mental health disorders. Which disorders would the instructor include as being associated with OSA? Select all that apply.
A)	Depression
B)	Borderline personality disorder
C)	Schizophrenia
D)	Posttraumatic stress disorder
E)	Anxiety

18.	After teaching a class about circadian rhythm disorders, a nursing instructor determines that the teaching was successful when the class identifies which of the following as a subtype? Select all that apply.
A)	Delayed sleep phase
B)	Nightmare
C)	Sleep terror
D)	Jet lag
E)	Shift work

Answer Key

1.	C
2.	B
3.	A
4.	D
5.	D

6.	B
7.	C
8.	A
9.	B
10.	B
11.	C
12.	A
13.	C
14.	D
15.	A
16.	D
17.	A, D, E
18.	A, D, E

Chapter 29 Sexual Disorders

1.	A group of nursing students is reviewing information about sexual development. The students demonstrate understanding of the information when they describe biosexual identity as which of the following?
A)	Conviction of belonging to the male or female gender
B)	Outward expression of gender
C)	Sexual attraction to opposite, same, or both sexes
D)	Anatomic and physiologic state of being male or female

2.	When describing the events associated with the determination of sex of a fetus, which of the following would the nurse most likely include in the discussion?
A)	Genes on the Y chromosome
B)	Formation of ovaries
C)	Rising testosterone levels
D)	Neurochemical inhibition

3.	A nurse is preparing a presentation for a local senior group about sexuality and sexual behaviors in older adults. Which of the following would the nurse need to address? Select all that apply.
A)	Decreased vaginal lubrication
B)	Decreased amount of sperm
C)	Enhanced clitoral response
D)	Thickening of vaginal mucosa
E)	Increased ejaculation time

4.	A woman comes to the clinic for a routine visit. While interviewing the client and obtaining a sexual history, the client states, Ive always wondered what is happening in my body when I become sexually aroused. The nurse would incorporate an understanding of which of the following as the control mechanism?
A)	Sympathetic nervous system
B)	Endocrine system
C)	Parasympathetic nervous system
D)	Central nervous system

5.	A nurse is preparing a teaching plan for a client about the sexual response cycle integrating the theoretical model described by Masters and Johnson. Which of the following would the nurse describe as occurring first?
A)	Erotic feelings
B)	Penile erection
C)	Vaginal lubrication
D)	Increased muscle tension

6.	A female client is diagnosed with female orgasmic disorder and is receiving treatment by a qualified sex therapist. The client and her partner are being taught sensate focus. Which of the following would the couple be required to do first?
A)	Have sexual intercourse.
B)	Engage in genital touching.
C)	Participate in nongenital contact.
D)	Use masturbation.

7.	A nurse is reviewing the medical record of a client with a sexual dysfunction. Which of the following if noted in the clients history would the nurse identify as a possible contributing factor? Select all that apply.
A)	Antihypertensive therapy
B)	Diabetes
C)	Peptic ulcer disease
D)	Appendectomy at age 15 years
E)	Occasional alcohol use

8.	A client with premature ejaculation is prescribed sertraline as part of the treatment plan. The nurse explains the medication to the client, informing him that the effectiveness of the drug will most likely be evident in approximately which time frame?
A)	5 to 7 days
B)	1 to 2 weeks
C)	3 to 4 weeks
D)	6 to 8 weeks

9.	A client with erectile dysfunction who is prescribed sildenafil asks the nurse, When should I take the medication? Which response by the nurse would be most appropriate?
A)	You should take it every morning when you first get up.
B)	Take it about to 2 hours before you have sexual activity.
C)	You need to take it about 5 minutes before you have intercourse.

D)	Take it at night before bedtime.

10.	A sexual history of a female client reveals that the client has a normal sex drive and reports of orgasm through means other than intercourse. The client also has a history of being raped several years ago. The client reports spasms of the perineal and outer vaginal muscles when vaginal intercourse is attempted. The nurse interprets these findings as suggesting which of the following?
A)	Priapism
B)	Dyspareunia
C)	Sexual aversion disorder
D)	Vaginismus

11.	A client diagnosed with male orgasmic dysfunction is receiving desensitization as part of the treatment plan. The nurse understands that this treatment focuses on achieving which of the following?
A)	Decrease the pressure to perform
B)	Increase awareness of pleasurable sensations
C)	Eliminate spectatoring
D)	Decrease anxiety and fear

12.	A nurse identifies the nursing diagnosis of Ineffective Sexuality Patterns based on which of the following?
A)	The sexual problem is causing dissatisfaction for the client.
B)	The client has experienced a change in sexual functioning.

C)	The client is feeling inadequacy related to the sexual problem.
D)	The client believes that sexual activity is unrewarding.

13.	A client has been admitted to the inpatient psychiatric facility as part of a court-ordered program. The client was arrested numerous times over the past several months for exposing his genitals and masturbating in public in front of an elementary school. The nurse interprets this behavior as reflecting which of the following?
A)	Frotteurism
B)	Exhibitionism
C)	Sexual masochism
D)	Voyeurism

14.	A group of students is reviewing medications used to treat erectile dysfunction. The students demonstrate understanding of the information when they identify which of the following as being administered by injection?
A)	Tadalafil
B)	Papaverine
C)	Alprostadil
D)	Vardenafil

15.	A nursing instructor is preparing a class discussion about sexual disorders. Which of the following would the instructor include when describing gender identity disorders?
A)	They typically involve same-sex identification.

B)	The individual experiences discomfort about his or her own assigned sex.
C)	Recurrent intense sexual urges lead to significant distress.
D)	Changes in sexual desire and response are key characteristics.

Answer Key

1.	D
2.	A
3.	A, B, E
4.	C
5.	A
6.	C
7.	A, B
8.	B
9.	B
10.	D
11.	D
12.	B
13.	B
14.	B

15.	B

Chapter 30 Mental Health Disorders of Childhood and Adolescence

1.	The nurse is counseling a family whose 4-year-old child has mild mental retardation. The nurse is working with the family on realistic long-term goals. Which of the following would be most appropriate?
A)	Locating suitable residential placement for the child
B)	Finding a foster home for the child
C)	Achieving independent functioning of the child as an adult
D)	Preventing the onset of psychiatric disorders in the child

2.	The nurse is counseling a family whose child has autism. When describing this condition, which of the following would the nurse most likely include?
A)	Connection to ineffective parental practices
B)	Detection after the child enters school
C)	Onset before child is 2.5 years old
D)	Girls are more frequently affected than boys

3.	The nurse is caring for a family with a 3-year-old child who has autism disorders. When developing the teaching plan for the parents, which of the following would the nurse most likely include?

A)	The child is at higher risk for seizure disorders as well.
B)	The childs IQ will typically be higher than that of other children.
C)	Dyslexia also may be a comorbid condition.
D)	A structured physical environment is an important aspect.

4.	The nurse is giving a presentation comparing and contrasting autism disorder and Asperger syndrome. Which of the following would the nurse include as differentiating Asperger syndrome from autism disorder?
A)	Children typically do not engage in stereotypic behavior.
B)	They display age-appropriate intelligence.
C)	The children often reverse pronouns when speaking.
D)	They appear aloof and indifferent to others.

5.	The mother of a child with Asperger disorder tells the nurse that her child has few playmates. She states, He has such poor social skills with other children, and he strongly rejects any change in his routine by throwing a tantrum. Based on this information, the nurse identifies which nursing diagnosis as the priority?
A)	Self-Care Deficits related to repeated tantrums
B)	Risk for Injury related to Asperger disorder
C)	Ineffective Family Coping related to having a child with Asperger disorder
D)	Risk for Social Isolation related to poor social skills of the child

6.	The nurse is caring for a 3-year-old child with autism who has been hospitalized. The child rocks continuously without any danger present to the childs safety. Which intervention by the nurse would be most appropriate?
A)	Continue to monitor the childs behaviors.
B)	Hold the child until the child stops rocking.
C)	Ignore the childs rocking behavior.
D)	Place the child in a time out area until the rocking stops.

7.	A child diagnosed with autism is hospitalized in an inpatient mental health unit. When developing the plan of care for this child, which of the following would the nurse most likely include?
A)	Ensuring that a variety of caregivers are available for the child
B)	Providing a consistent, structured environment with predictable routines
C)	Allowing the child frequent visits off the unit to provide stimulation
D)	Sending the child to the time out area if the child repeats phrases continually

8.	The school nurse is caring for a 7-year-old child who has demonstrated a significantly lower-than-average score for mental age on standardized tests in reading. However, the childs IQ scores were within the average range. The nurse interprets this information as suggesting which of the following?
A)	Communication disorder
B)	Attention deficit hyperactivity disorder

C)	Asperger syndrome
D)	Dyslexia

9.	The nurse is counseling a parent whose child has a communication disorder. Which of the following would the nurse emphasize when teaching the parent about this disorder?
A)	Providing the child with nonverbal activities
B)	Initiating conversations with the child frequently
C)	Stopping the childs conversation if stuttering begins
D)	Asking the physician for medication to improve the childs speech

10.	A nurse is assessing a child who is suspected of having attention deficit hyperactivity disorder. Which of the following would the nurse identify as reflecting impulsiveness in the child?
A)	Inability to wait his turn
B)	Restlessness
C)	Difficulty completing a task
D)	Risk-taking behavior

11.	The history of a child newly diagnosed with ADHD reveals that the child is experiencing sleeping difficulties. Which agent would the nurse most likely use?
A)	Methylphenidate
B)	Atomoxetine
C)	Bupropion
D)	Clonidine

12.	After teaching the parents of a child diagnosed with ADHD about the disorder and its treatment, the nurse determines that the teaching has been effective when the parents state which of the following?
A)	We need to remember that our son is not a bad kid; he just has difficulty with impulse control and attention.
B)	We need to be careful so he doesnt develop a substance abuse problem as he grows older.
C)	We should stop the medication after 2 months to see how effective it is in really controlling his symptoms.
D)	We should set up regular routines for him but not worry if he violates the limits once in a while.

13.	A 10-year-old child with Tourettes disorder is receiving haloperidol as part of his treatment plan. When assessing the child at a follow up visit, which statement by the child would lead the nurse to suspect that he is experiencing a side effect of the drug?
A)	Sometimes I feel like Im so sleepy.
B)	Im eating about the same amount as before.
C)	My muscles seem pretty flexible lately.
D)	I think Im much more alert with this drug.

14.	A group of nursing students is reviewing information about disruptive behavior disorders. The students demonstrate understanding of the topic when they identify which of the following as an externalizing disorder?
A)	Anxiety
B)	Depression

C)	Schizophrenia
D)	Conduct disorder

15.	A nurse is providing parent training for parents of a child diagnosed with a disruptive behavior disorder involving the use of time out. When describing how to implement this, which of the following would the nurse identify as the first step?
A)	Having the child recount the reason for the time out
B)	Clearly identifying what is required for the child
C)	Informing the child what will happen because of the behavior
D)	Placing the child in a designated area removed from others

16.	A 12-year-old child is brought to the mental health clinic by his parents because of a court-ordered evaluation. When assessing the child, which of the following would lead the nurse to suspect that the child has a conduct disorder? Select all that apply.
A)	Destruction of neighbors car on two separate occasions
B)	Arrests for petty larceny several times
C)	Repetitive disobedience of parents
D)	Blaming of others for problems
E)	Evidence of overt lying

17.	The nurse is preparing to initiate a behavioral treatment program for a child with encopresis. Which of the following would the nurse most likely implement first?
A)	Administration of mineral oil

B)	Bowel cleansing
C)	Low-fiber diet
D)	Toilet sitting after each meal

18.	A nurse is assessing an 8-year-old girl with a mood disorder. Which of the following would the nurse most likely expect to assess?
A)	Statement from the child that she feels sad
B)	Behavioral problems
C)	Recurrent obsessions
D)	Ritualistic behavior

19.	A group of nurses is reviewing medications used to treat attention deficit hyperactivity disorder. The students demonstrate understanding of the information when they identify methylphenidate as which of the following?
A)	Selective serotonin reuptake inhibitor
B)	Psychostimulant
C)	Noradrenergic reuptake inhibitor
D)	Alpha agonist

20.	The parents of a child with ADHD bring the child for a follow-up visit. During the visit, they tell the nurse that the child receives his first dose of methylphenidate (Ritalin) at about 7:30 AM every morning before leaving for school. The teacher and school nurse have noticed a return in the childs overactivity and distractibility just before lunch. The childs second dose is scheduled for about 12 noon. Which of the following might the nurse suggest as a possible solution to control the childs symptoms a bit more effectively?
A)	Giving the second dose at 1 PM or later.
B)	Switching to a longer acting preparation.
C)	Splitting the early morning dose in half.
D)	Switching to another class of medication.

Answer Key

1.	C
2.	C
3.	D
4.	B
5.	D
6.	C
7.	B
8.	D
9.	B
10.	D
11.	B

12.	A
13.	A
14.	D
15.	B
16.	A, B, E
17.	B
18.	B
19.	B
20.	B

Chapter 31 Mental Health Disorders of Older Adults

1.	A nurse is caring for a 76-year-old patient with a hearing deficit caused by presbycusis. Which of the following would be most appropriate for the nurse to do when communicating with the patient?
A)	Use a higher volume of speech.
B)	Address the clients family members.
C)	Ask if the client can use sign language.

D)	Use lower pitched tones.

2.	The nurse is caring for a 78-year-old client who is taking an anticholinergic medication and complains of dry mouth. Which of the following would be most appropriate for the nurse to suggest?
A)	Chew hard candies.
B)	Rinse the mouth with a mouthwash.
C)	Use more seasonings on food.
D)	Drink decaffeinated beverages often.

3.	An elderly client tells the nurse that she had been constipated for the last few days and decided to use an over-the-counter fiber laxative that is dissolved in water. When reviewing the use of this laxative with the client, which of the following would the nurse include as a possible side effect?
A)	Diarrhea
B)	Nausea
C)	Flatus
D)	Stomach pain

4.	An 80-year-old client visits the mental health clinic with her daughter. During the assessment process, the client tells the nurse that she is taking an antidepressant, an antibiotic, and an occasional aspirin. Which question would be most important for the nurse to ask?
A)	How much grapefruit juice do you drink on a daily basis?
B)	How much orange juice do you drink on a daily basis?

C)	How much tomato juice do you drink on a daily basis?
D)	How much grape juice do you drink on a daily basis?

5.	While caring for an 88-year-old client suspected of having dementia, the nurse assesses the client for a common delusional thought. Which of the following would the nurse interpret as a common delusion?
A)	I am the king of the universe.
B)	Creatures are living in my closet.
C)	The government has people following me.
D)	My roommate keeps stealing my clothes.

6.	The nurse is assessing a 78-year-old client who lives alone in his own home. To assess the clients instrumental activities of daily living, which question would be most appropriate to ask?
A)	How often do you bathe or shower?
B)	How many times do you change clothes during the day?
C)	How often do you cook meals for yourself?
D)	How often do you go to the store to buy groceries?

7.	The nurse is assessing a client who has a history of heavy drinking and who lost his wife to cancer during the previous year. He reports that he isnt getting as much sleep as he used to when he was younger. Which question would be most appropriate to ask the client to determine if the change in his sleep pattern is related to normal aging or depression?
A)	How much did you sleep when you were younger?

B)	Is it hard for you to fall asleep or remain asleep during the night?
C)	Why do you think you continue to ingest so much alcohol?
D)	What used to help you go to sleep?

8.	A couple is concerned that the husbands father may be developing depression. In questioning the couple, which of the following statements would support their concern?
A)	Dad has been crying off and on now for over 2 weeks since Mom died. Hes also still having trouble sleeping.
B)	Dad is agitated and anxious; hes been that way for a month now since Mom died.
C)	Its been over 2 months now since Mom died, and Dad keeps crying; he cant eat or sleep.
D)	Moms funeral was last week, and Dad hasnt been able to eat or sleep since then.

9.	A nurse is providing an in-service educational program for beginning nurses regarding mental health assessment needs of the older adult. One of the topics addressed is the importance of interviewing family members in addition to the older adult client. The nurse tells the audience that family members are sometimes able to give a more accurate history if the client has memory impairment. The nurse also emphasizes that interviewing family members provides which of the following?
A)	A more accurate picture of the social support resources available
B)	Evaluation of the familys ability to effectively care for the older client

C)	Determination of the extent of the clients memory impairment
D)	A much needed period of respite and support for the family members

10.	Assessment of an older adult client reveals that the client is receiving psychiatric medications. The client states, I get dizzy periodically and have trouble walking. Which of the following should the nurse do first?
A)	Compare the clients baseline blood pressure with the clients current blood pressure.
B)	Instruct the client to stop taking the psychiatric medications.
C)	Interview the clients family about the clients coping skills and current stress level.
D)	Suggest the client periodically use an alcohol-based mouthwash several times a day.

11.	The nurse is planning to assess a clients anxiety level using the Rating Anxiety in Dementia Scale because the client also has dementia. When using this scale which of the following areas would the nurse assess? Select all that apply.
A)	Apprehension
B)	Motor tension
C)	Life satisfaction
D)	Boredom
E)	Autonomic hyperactivity
F)	Worry

12.	A nurse is preparing a presentation for a group of colleagues about suicide and the older adult population. Which of the following would the nurse include in this presentation? Select all that apply.
A)	Suicide is less of a risk in this population as compared with middle-aged adults.
B)	Married African American men are at the greatest risk for suicide in this group.
C)	Depression is the greatest risk factor for suicide in this population group.
D)	White women account for the highest number of suicide deaths in this age group.
E)	Recent behavior changes and loss of support are important assessment areas for suicide risk.

13.	A group of nursing students is reviewing information about age-related changes occurring in cognition and intellectual performance. The students demonstrate understanding of the information when they identify which of the following as a normal cognitive change?
A)	Disorientation to time
B)	Slowed information processing
C)	Diminished executive functioning
D)	Restricted judgment

14.	A nurse is assessing an older adult client. Which of the following would the nurse interpret as most indicative of mental health and wellness?
A)	Keeping social contacts to a minimum
B)	Interacting with others in the environment

C)	Relying solely on family for assistance
D)	Experiencing bereavement

15.	A nurse is using the Neuropsychiatric Inventory to assess an older adult client who is exhibiting behavior problems related to dementia. When using this tool, which of the following would the nurse assess? Select all that apply.
A)	Dysphoria
B)	Inhibition
C)	Apathy
D)	Level of orientation
E)	Memory
F)	Anxiety

16.	A nurse has used the Geriatric Depression Scale (short form) to assess an older adult client for depression. Which score would lead the nurse to suspect that the client is mildly depressed?
A)	3
B)	5
C)	8
D)	13

Answer Key

1.	D
2.	B
3.	C

4.	A
5.	D
6.	D
7.	B
8.	C
9.	B
10.	A
11.	A, B, E, F
12.	C, E
13.	B
14.	B
15.	A, B, C, F
16.	C